

# New Smile Family Dentistry

## Cancellation & No-Show Policy

"Cancellation & No-Show Appointments" are taken seriously at our office. It can make a difference between whether you succeed in your dental treatment or not.

Please understand that...We require 24 hours' notice in the event of a cancellation. Even if it is a last minute cancellation, we greatly appreciate you notifying us, so that we can schedule another patient into your time slot. **There is a \$25 charge for a cancellation without 24 hours' notice.** This charge will **not** be covered by insurance, but will have to be paid by you personally. This fee needs to be paid before your next appointment can be made.

When patient does not show as scheduled, three people are hurt:

- The patient: because they do not get the treatment they need as recommended by the dentist.
- The Dentist: who now has a space in the schedule since the time was reserved for the patient personally.
- Another patient: who could have been scheduled for treatment, if there had been proper notice.

## Financial Policy

### **PAYMENT IS DUE AT TIME OF SERVICE**

We are committed to providing you with the best possible care. To help us maintain billing costs to a minimum, we offer the following financial policy. Please understand that payment of your bill is considered a part of your treatment. We require that you read & sign the following financial policy prior to treatment. If you have any questions, please do not hesitate to ask us.

- We accept: **CASH, CHECKS, MASTERCARD, VISA & DISCOVER**
- We offer interest free financing through **CARE CREDIT**
- Returned checks will be subjected to additional collection fees & charges.
- Minor patients: The adult accompanying a minor, the parent or guardian are responsible for any payments.
- We offer 5% courtesy discount for payment of total treatment in excess of \$1500 or more.

Insurance: We will continue to submit your dental claims to your insurance company. However, we ask that you pay your insurance co-payment at the time of service. As of January 1, 2015, we will no longer file both your Primary & Secondary insurances. Your treatment will be sent to the Primary Insurance only & will not be sent to a secondary insurance. You will be responsible for any balance that your Primary insurance company does not pay. ARKids/Medicaid: As of January 1, 2015, we will no longer file both your Primary & AR-Kids/Medicaid insurances. Your treatment will be sent to the Primary Insurance only & will not be sent to AR-Kids/Medicaid. You will be responsible for any balance that your Primary insurance company does not pay.

SPECIAL INFORMATION FOR PATINTS WITH INSURANCE: We will gladly discuss any questions relating to your insurance. However please realize:

- Your insurance is contract between you, your employer & your insurance company. We are not a party to that contract.
- Our fees are generally considered to fall within the acceptable range by most companies, and therefore, are covered up to a maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 80%) of UCR. UCR is defined as usual, customary & reasonable fees for this reason. Thus our fees are considered UCR by most companies, unless your insurance company reimburses based on arbitrary schedule fees, which bears no relationship to current standard & cost of care in this area.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
- As dental care providers, our relationship is with YOU, not your insurance company. While filing insurance claims is a courtesy that we extend to our patients, all rendered charges are your responsibility from the date of services.

As a service to our patients, our office will submit charges for dental treatment to the patient's insurance company. However the patient is primarily responsible for paying any & all dental expenses incurred at this office. We may attempt to verify in advance that the patient's insurance company will pay for the specific dental procedures. Occasionally, even though coverage was verified before the dental services were provided, the insurance company may deny the claim. If the insurance company denies payment or will not pay for a portion of the dental bill, the patient is responsible for payment of the account balance. Likewise, if the patient has not met his or her deductible under a given insurance plan, the patient will be responsible for the amount of the deductible, in addition to whatever amounts the insurance does not pay.

**I agree to be responsible for payment of services in the event my insurance company doesn't agree to pay for these services.  
Not signing this document does not release you from reasonability of payment.**

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Print Patients Name

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Patient or Guardian Signature

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Date