

OFFICE POLICY REGARDING PAYMENT, APPOINTMENTS AND INSURANCE

OFFICE HOURS ARE FLEXIBLE – EARLY AND EVENING APPOINTMENTS are available on a limited basis, but upon request (i.e. special circumstances). We reserve the right to charge an additional fee for this convenience. Patients are seen by appointment except in emergency situations. If for some reason you have made an appointment which you cannot keep, please notify us at least TWENTY FOUR (24) HOURS prior to the visit during our normal business week of Monday through Friday. PLEASE MAKE SURE TO SPEAK PERSONALLY TO ONE OF OUR PATIENT COORDINATORS REGARDING ANY CHANGE. This courtesy allows us to make time available to other patients. **A charge will be made to your account for broken appointments and/or repeated cancellations on the day of the appointment.** The charge is twenty (\$20.00) for each hour that was scheduled for your appointment.

PAYMENT IS EXPECTED AT TIME OF THE APPOINTMENT. We accept cash, checks, M/C, Visa, American Express, Discover, Wells Fargo and Care Credit. We are happy to offer a five percent (5%) courtesy discount for treatment plans over \$700.00 that are paid in full prior to your appointment. Accounts past due, over thirty (30) days, may be assessed with 1.5% interest charges per month. Should the account be forwarded to collection, you will be responsible for all related collection fees and interest added to your account. Wells Fargo and Care Credit are companies that allow our patients to finance (with approved credit) payment plans such as three (3) months, six (6) months and twelve (12) months, same as cash. For our patients interested in Invisalign (invisible braces) we offer discounts for payment in full (cash, check or credit card), and one (1) year financing discounts with Care Credit or Wells Fargo. We also offer two (2) year financing with care credit but with no discount given. Payment or approved financing for the Invisalign is due at the time we take the impressions and no refunds will be given for patient reconsideration or for non compliance of recommended treatment.

WE WELCOME SEVERAL DENTAL INSURANCE PLANS, and we will be happy to assist you in filing any claims. If you are covered by dental insurance, please be sure to bring this information at the time of your first appointment. In general, benefits should be assigned to us. **We require that the deductible and co-payment portion, the amount not covered by the insurance company, be paid for on the day services are rendered.**

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INSURANCE POLICIES VARY IN THE AMOUNT THAT WILL BE PAID TOWARD CHARGES. The proper relationship between the patient, doctor and insurance carrier is often misunderstood. We are in agreement with the principle of dental insurance and equally willing to submit the necessary forms to help you receive the full benefits of your coverage; however, the responsibility of the total treatment fee rests with you, regardless of what we may calculate as your dental benefit. We will do everything possible to determine an accurate estimate of your coverage, but because the insurance policy is an agreement between your employer and the insurance company, that insurance company will only give us an ESTIMATE of what they will pay either in writing or verbally. WE RENDER TO YOU OUR VERY BEST CARE and please remember there will be a fee for services.

I UNDERSTAND that Tioga Dental Associates will aid in submitting claims to my insurance company on my behalf. I also understand that I have the final responsibility for payment of all fees for services rendered on my behalf. Unless otherwise noted, I authorize payment of dental benefits to _____.

I HAVE FULLY READ, UNDERSTAND AND CONSENT TO ALL OF THE ABOVE TERMS.

Signed: _____
Patient, parent or guardian who is
financially responsible for account

Relationship: _____

Date: _____