

Beautiful Smiles

Teresa C. Stiteler, D.M.D.

Aleta L. Detwiler, D.M.D.

Office and Financial Policy and Agreement

Thank you for choosing our office for your dental needs. We are committed to providing you with excellent care and convenient financial options. We realize you may be requiring some dental care and it is easy to forget that a doctor's office is also a small business. In the interest of both good patient care and good business, we believe it is best to communicate our policy to avoid any misunderstandings later. Please read, sign and return the following:

Payment: Payment for service is due at the time services are provided unless other financial arrangements have been approved. We accept cash, check, and all major credit cards. We also offer third party financing through Care Credit. This allows you to make monthly payments for your treatment. Care Credit offers a variety of financing options including interest free plans (for those who qualify).

Insurance: We will be happy to process your insurance claims as a courtesy to you. If you have insurance, please be prepared to pay your portion of the total treatment fee on the day of service. Please understand that insurance policies vary greatly, therefore, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts. You are fully responsible for verifying benefits of your policy. We will allow them 45 days to render payment. After 60 days, you are responsible for the remaining balance in full. *Remember, your dental insurance is a contract between you, your employer, and the insurance company.* We are not a party to that contract. For questions regarding your individual plan and benefits, please contact your insurance company or human resources representative. If you have any further questions please do not hesitate to ask us. We are here to help you to the best of our ability.

Missed or Cancelled Appointments: Once an appointment has been made, please remember *that this time has been reserved specifically for you.* We reserve the right to charge a fee for all cancelled or missed appointments without 48-hour advance notice. Fees vary according to the length of the appointment. Appointments repeatedly cancelled will require payment prior to scheduling.

Timeliness: We are committed to seeing you on-time and request you be on-time for your visits as well. This way, we can ensure all our patients are seen when promised.

Service Charges: A fee of \$30 will be applied for all returned checks. Payments after a returned check are cash or credit card only.

Outstanding Balances: Prior to providing additional services to you, payment in full for all outstanding balances will be required. Billing statements will be mailed for balances denied or deemed patient responsibility. Payment is expected within 3 weeks of the billing date. If no payment has been received, a second statement will be sent. In the event a third statement is required, additional collection steps will be taken. Your failure to make payment may result in your account being turned over to a third party collection company who reports to the credit bureau.

Refunds: Credits will remain on your account to be applied to future work. If requested, we would be happy to issue a refund check to the appropriate party.

We thank you in advance for your compliance and cooperation. Please feel free to discuss any concerns or questions with the front office staff.

I understand and agree to this Office and Financial Policy and Agreement

Signature of patient/responsible party

Printed Name

Date