Schara Dentistry

Office policy

Thank you for choosing Schara Dentistry as your dental health care provider. Our office is committed to providing you with the best possible care. We encourage you to ask questions and be involved in treatment decisions. This includes understanding your treatment as well as our financial policy, which we require you to read and sign prior to any treatment.

Financial agreement:

Patients are expected to pay for our services at the time they are rendered. Patients with dental insurance are expected to pay the estimated co-pay and deductible amount at the time of service. We will mail a monthly statement to all patients with an outstanding balance. Unpaid balances will be assessed a financial charge of 1.5 MPR for accounts that are past due. Delinquent accounts will be turned over to collections, with an additional 40% collection fee added to the balance.

Appointments:

We attempt to schedule appointments at your convenience. These times are reserved exclusively for each patient. If you are unable to keep your appointment, please notify our office at least 24 hours prior to your scheduled time. We understand that emergencies can occur, but we appreciate your assistance in this matter. If you do not call to cancel and fail to show as scheduled, you may be charged a broken appointment fee of $50.00. If you miss three appointments, we may request that you seek dental care at another office that can better accommodate your schedule.

Insurance claims:

We file dental insurance as a courtesy to our patients; however, the patient is ultimately responsible for understanding their insurance plan. We will assist you in estimating your portion of the treatment cost, but we cannot guarantee how your insurance will handle each claim. That is a contract between you and your insurance company. The amount of your insurance reimbursement is ultimately determined by your insurance. Unpaid balances are your responsibility.

Thank you for understanding our office policy. Please let us know if you have any questions or concerns

Signature: _____ Date: _____