Icon Dentistry

Financial Policy

Our philosophy is to make patients' lives healthier and more comfortable by providing high quality, compassionate dental care.

In an effort to keep fees reasonable and to continue to provide quality care, we have established a payment policy.

Our administrative team will be happy to bill your insurance carrier, however, we do require payment of any uncovered services, deductibles, co-insurance, or co-payments to be taken care of at each appointment.

1. All routine dental treatment will be paid in full at the time treatment is rendered.
2. Cash, check, major credit cards are all acceptable forms of payment.
3. A 3% credit card fee will be added to all amounts charged to credit cards.
4. Returned checks are subject to an NSF charge of $35.
5. If offered/approved, the practice will accept third party financing (e.g. CareCredit).
6. At least a 50% deposit of the total treatment plan is required for all surgical procedures performed by the doctor at the time the appointment is scheduled. Patients will be advised if a deposit is required.
7. For any appointments that require 2 hours or more may require a deposit for all procedures performed by the doctor at the time the appointment is scheduled.

Our team will be happy to help you with your individual needs. For patients with insurance, you will be given an estimate of what your insurance company will pay will be handled according to the above financial policy. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. Any amount not paid by your insurance is your responsibility.

I have read and understand the financial policy outlined above.

_____ _____

Signature (patient, parent or guardian) Date

_____

Printed name

Icon Dentistry

Appointment Policy

Appointment Confirmation Authorization

I authorize electronic contact from Icon Dentistry to communicate about my scheduled and unscheduled appointments and for the purpose of healthcare promotions via (check all that apply):

☐ Text messaging ☐ Email

I may may opt out of electronic communication at any time. If I choose not to not opt in to electronic communication, I will receive telephone communication to the mobile/home number(s) provided.

☐ Mobile phone ☐ Home phone ☐ Work phone ☐ Other phone_____

I understand that email and text reminders are automatically generated by Icon Dentistry's Electronic Health Record system and are not a way to change or modify appointments. If I need to speak to someone regarding my appointment, I will call the front office directly at (772) 344-3300.

Health Information Communication

I authorize contact from Icon Dentistry to communicate information about my dental health via:

☐ Message on mobile ☐ Message on home phone ☐ In person ☐ All

Appointment Management

Our practice is dedicated to your quality care, and we are pleased to reserve this time for you. If you find that you cannot keep your appointment, we require a minimum 48-hour notification. To reschedule an appointment on a Monday, please call no later than Thursday the week before as our office is closed on Friday. This will give our staff enough time to fill the allotted time if needed. We appreciate your courteous cancellation notification because it allows another patient to receive dental care in your absence.

Without notice, a missed appointment fee will be charged to your account.

- $65 for appointments scheduled less than two hours
- $100 for appointments scheduled two hours or more

If multiple appointments are cancelled without proper notice (as outlined above), future appointments will require a deposit.

I have read and understand the communication authorizations and appointment management policy outlined above.

_____ _____

Signature (patient, parent or guardian) Date

_____

Printed name