

PRACTICE INFORMATION AND OFFICE POLICIES

To be respectful of the office and other patients the following policies apply:

- We require you to call or text back to confirm your appointments when we contact you. If you do not confirm, this time can be reallocated to someone in office who needs treatment.
- We Require 24-hour notice if you are unable to attend your appointment. This will give opportunity for others in need of care to have your spot.
- We strongly encourage you to be on time as we only have a 10-minute grace period for your appointment. We see patients all day and we cannot fall behind. If you are later than 10 minutes for your appointment, it will be at our discretion if you can still be seen.
- We have a strict “No-Show” policy. Failure to show up for a scheduled appointment will be recorded in the patient account. Once a person has had three No-Call/ No-Shows they will be on same day only appointments. This means you cannot make future appointments and will only be seen if we have an opening on the day you call.
- We file claims to your insurance policy as a courtesy. It is your responsibility to know your insurance information. Including insurance company name, ID number and Group number. It is also patient responsibility to know if your policy is active. If a claim is denied due to termination, and we are not provided the correct information to reprocess, the balance will belong to the patient or responsible party.
- We will provide an insurance estimate cost to you for treatment. However, it not a guarantee that your insurance will pay exactly as estimated. Insurance coverage is subject to limitations, exclusions, waiting periods, downgrades, frequency, age restrictions, deductibles and maximums which are your responsibility. Please contact your insurance company for a detail of your benefits. We will do all we can to ensure your estimate is as accurate as possible. Your estimated insurance benefit may differ due to a number of reasons, specifically related to your plan.
- Accounts that become past due over 90 days and are not paid in full will be considered delinquent. If the account is turned over to a collection agency, you will be responsible for the fees necessary for the collection of the delinquent account. Including but not limited to, the collection agency fees of 33% of the balance due and if necessary, the cost of reasonable attorney fees of 50% of the balance.
- An NSF fee of \$25 will be charged for all returned checks.

I understand and agree to these policies and all the above information.

Printed Patient Name

Signature of Patient (Or Responsible Party if under 18)

Date