



## Office Policy Agreement

Thank you for choosing Family Dental of Bethlehem for your dental care. We are committed to providing you with quality, personalized dental care, and appreciate your commitment to adhere to the Office Policy Agreement.

### Payment and Insurance

Payment is required at the time services are provided, and any insurance reimbursement will then be mailed directly to you by the insurance company. We accept cash, personal checks, Visa, MasterCard, Discover, American Express, and Care Credit. There is a \$30.00 service charge for returned checks.

In order to provide you with the specialized dental care you need, we are not contracted with any dental insurance companies. We do not want your dental care compromised by any company unreasonably limiting your dental treatment, and want only the best for your oral health!

Our dental office will prepare and submit all insurance claims for you. While we are able to assist you with most of your insurance concerns, knowing your insurance benefits, including eligibility and covered benefits, is your obligation. You are responsible for any charges not covered by your plan.

### Proof of Insurance

All patients must complete and/or update their insurance information at each office visit and notify us of any changes in insurance coverage prior to the time of service. You must furnish valid, up-to-date proof of insurance coverage so it can be entered into our system, otherwise your reimbursement may be delayed.

### Claim Submission

We will submit your insurance claims and assist you in any reasonable way to help get your claim paid. At times, your insurance company may need you to supply information directly to them, and it is your responsibility to comply with their request in a timely manner. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid on the claim as well.

### Missed Appointments

We require 24 hours' notice of cancellation for appointments, otherwise a \$40 fee may be assessed. We do provide reminders via phone call, email, and text message. As a courtesy to other patients, we ask that you please arrive on time. If you arrive more than ten minutes late, you may be asked to reschedule. For after hours or weekend emergencies, please call the office and our voice mail will instruct you on how to reach the doctor's cell phone.

I have read, understand, and agree to comply with the terms of your Office Policy.

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Patient Name

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Patient Signature (Or Parent/Guardian Signature If Minor)

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Date