

OFFICE POLICIES

Dear Patient,

We are extremely happy you have chosen the office of Dr. Kelly Hollis DDS PC to care for your oral health. We would like to take this opportunity to inform you of your responsibilities, and our office policies, regarding insurance payments, failed appointments, and billing. This will avoid any misunderstandings and allow us to serve you better.

As a courtesy to our patients, we will process your insurance claim; however, dental insurance rarely covers the total cost of treatment. Your **co-payment** is due at/or prior to the time of treatment.

Your Co-Payment is the “estimated” amount not covered by your insurance and/or your deductible.

We do a courtesy reminder two days before your appointment; however it is your responsibility to remember when your appointment was scheduled. We understand that emergencies arise from time to time, and appointments might be unavoidably missed. We will not charge you for the first missed appointment, but the second failed appointment, or an appointment cancelled without **24 hours’ notice**, will incur a fee of **\$50.00**. This fee is not payable by insurance and will be the responsibility of the patient. If you are charged a failed appointment fee, it must be paid before we can schedule you or your family.

If you receive a bill in the mail you have **30 calendar days to pay the balance**. If payment is not made a **\$10 late fee** will apply for each month the balance is late. A text or phone call will be made to attempt to contact you if payment is not rendered in 2 weeks. After 3 months of a late balance the account will be sent to collections and any future appointments will be canceled.

If your or your family’s account is sent to collections **an administration fee of 35%** of the total balance including late fees will be charged to the final amount.

Kindly acknowledge your agreement with these policies by signing below. If you have any questions, please call us at (717)-292-6548 or ask our front desk staff at your next visit.

Thank you, and welcome to the office!

Dr. Kelly Hollis & Team

Patient Signature: _____ Date: _____