



OFFICE FINANCIAL POLICY

We are committed to providing you with the best possible care. To maintain optimal relationships between our staff and you, the patient, and to avoid any misunderstandings regarding our payment policies, we ask that you read and sign the following:

- The majority of insurance companies have some type of co-payment attached to services on their plan. These co-payments are the responsibility of the patient once dental services have been rendered. For your convenience, we accept cash, check, all major credit cards, Care Credit, and Lending Club. You must have an agreed upon financial arrangement with the office.
- **Please note Effective May 1, 2024 there will be a fee of 3.99% when using a card in the office to make a payment.**
- All payments are due at the time of service. If a balance remains, our bills will be sent electronically via text/email to the subscriber listed on your current insurance plan. **We are no longer sending paper statements to patients.**
Your account will incur a \$15 late fee if the balance is left unpaid after 90 days. Any checks returned for non-sufficient funds will result in an additional charge. I, the patient, agree to pay a reasonable attorney and/or collection agency fees in the event that my account is delinquent and requires the actions of either/both parties.
- If we participate with your insurance plan, we will submit your claim for you. You **must** present your insurance card at the time of your visit and verify that all personal information and eligibility is up to date. You are responsible for any patient liability including, but not limited to, co-pays, deductibles, and non-covered services under your plan.
- For the insurances we do not participate with, we will still submit the insurance claim on your behalf. We will direct the insurance company to reimburse you under the provisions of your dental policy and note that you made a payment in full at the time of the treatment.
- Please understand that your insurance card is not a guarantee of payment, you are ultimately financially responsible for all monies owed to this practice for any services performed. While we are happy to help you receive your maximum allowable insurance benefits, please remember that the relationship is between you, the insured, and your insurance company. It is ultimately your responsibility to know the provisions of your plan. We are unable to discount any services paid by insurance. Each plan has a contract with our office that states we **MUST** collect all copayments and deductibles when treatment is rendered.
- Please understand that if you start treatment that needs to be submitted to dental laboratory for fabrication and you choose to not continue with the work once sent to lab, you will still be responsible for the lab fee.
- All minor patients (ages 17 and under) must be accompanied by their parent or designated legal guardian. The adult accompanying the minor is required to pay any out of pocket expense in accordance with our policies. We neither accept third party assignments nor do we recognize or enforce the terms of divorce or child support decrees.

I understand all policies as listed above. Patient/Guardian Initials _____

OFFICE POLICIES

Cancellation/Broken Appointment and Late Arrival Policy

At Oakwood Dental Arts our providers are committed to providing quality care; we ask that you please be respectful of the time that is scheduled for your appointment(s). Our policy requires that you give us, at minimum, 24 hour notice (not including weekends and holidays) if you need to cancel or reschedule your appointment. Failure to do so will result in a \$75.00 fee for your broken appointment. **3 or more missed appointments will result in dismissal from practice.**

If you arrive 15 minutes (or more) late for your appointment, you may be asked to reschedule. Please make every effort to arrive at the given check-in time to avoid any disruption in your care.

As a courtesy to our patients, we send texts/emails/postcard to confirm appointments. We also call the day prior to an appointment, if the appointment has not already been confirmed via text/email. **Hygiene appointments that are not confirmed by 5pm the day prior, or 12pm by Saturday for appointments scheduled for Monday, will result in the cancellation of your appointment.**

I understand all policies as listed above. Patient/Guardian Initials _____

Insurance Eligibility

As a courtesy to you, our patients, Oakwood Dental Arts will verify your insurance once, at the time of your initial visit. It is the responsibility of the patient to make sure that they, and all dependent family members, are eligible with their insurance on the date that services are rendered. Any insurance claims that are denied for any reason, other than an error of the office, must be corrected within 30 days. If, after the 30 days have passed, the claims have not been corrected, the balance will become the responsibility of the member. The member will have an additional 10 days to submit remittance for this balance, or the collection process will begin.

Insurance Complaints

In the event that my insurance company does not comply with state and federal laws, I hereby authorize this office to file a complaint, on my behalf, to my insurance carrier, the appropriate State Insurance Commissioner as well as the National Association of Insurance Commissioners and/or The Division of Worker's Compensation.

Consent to Treatment

I understand all policies as listed above and hereby consent to diagnostic and medical treatment and/or examination.

Acknowledgement of Privacy Notice

I acknowledge receipt of the Notice of Privacy Practices from Oakwood Dental Arts.

Print Patient Name

Signature Patient/Guardian

Date