

Bushnell Family Dentistry P.C.

OFFICE POLICIES AND FINANCIAL AGREEMENT

Thank you for choosing our office as your dental health care provider. We are committed to providing you and your family the highest quality dental care in helping you attain and maintain optimum oral health. Everyone benefits when office and financial arrangements are understood.

Financial Policy:

Payment is due at the time service is provided. We accept cash, personal checks, cashier's checks, money orders, Visa, MasterCard, Discover, Care Credit, and One Main Financial Financing. Returned checks are subject to a \$30 fee per check. This fee covers processing fees that are charged to our office.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due on date of service.

Regarding Insurance:

We are committed to providing you the most comprehensive dental care. We will always recommend treatment based on your specific needs, not based on your insurance coverage. Dental insurance is a benefit used to assist you, not dictate necessary treatment. An estimate of the amount due from you will be calculated when appointment scheduled. You will be required to pay your portion of deductible and co-pay on date of service. We encourage you to review your insurance policy.

Dental insurance is a contract between you and your insurance company. As a courtesy to you, we will submit claims on your behalf, but we do not accept responsibility for the outcome of the transaction. Our practice does not guarantee that your insurance company will assist you with payment for your treatment. If your claim is denied, you will be responsible for paying the full amount not covered. Our practice will not enter into any dispute with your insurance company over any claim, although we will provide necessary documentation required by your insurance company. We are happy to assist you, but ultimately, it is your responsibility to resolve any type of dispute over payments made or not made by your insurance company to our practice.

Delinquent accounts are subject to a 1.5% monthly finance charge as well as all collection and attorney fees.

Cancellation & Late Arrivals:

We respect our patient's schedules and we ask that you would also respect our schedule and the schedule of others. Late arrivals cause us to run late for other patients. Please understand arriving after your appointment time may result in rescheduling your appointment. If it does not interfere with another patient appointment, we will be happy to accommodate you. We ask for 24 hours to reschedule or cancel your appointment. Multiple rescheduled, cancelled, or missed appointments may result in a \$50 fee charged to your account. Three missed appointments may result in dismissal as a patient.

I HAVE READ, UNDERSTAND, AND AGREE TO THIS OFFICE POLICY AND FINANCIAL AGREEMENT.

Signature (Patient or Responsible Party)_____Date_____