

Claremont Dental Arts

Office Policies

Insurance:

Initial

Insurance is an **agreement between you and your insurance company**. You are responsible for knowing your policy information, terms and benefits including exclusions and waiting period. You are responsible for any co-insurance, deductibles, or non-covered services not paid by your insurance. Any information regarding benefits that we receive from your insurance company is NOT a guarantee of payment. Payment of claims is determined once the claim is received at your insurance company. As a courtesy to you, we will gladly file your dental insurance.

We will file most insurance plans, however, we are not in network with any dental insurance company. We also DO NOT file to any secondary insurance company, we will supply you with the proper documentation for you to file to your secondary insurance. At the time of your visit, we may ask you to pay an ESTIMATED portion that your insurance may not cover. Keep in mind that we will do our best to estimate this portion, however, if there is a balance due after insurance pays, you are responsible to pay our practice that balance. You will receive a statement from our office indicating what your insurance has paid. Any balance remaining is due upon receipt.

You will always be responsible for all charges incurred. If we do not receive payment from your insurance carrier within 90 days, the claim will be closed and you will be responsible for payment of any unpaid treatment fees. You will then be responsible for collecting payment from your insurance company.

We accept the following forms of payment: Cash, Check, Visa, MasterCard, American Express, Discover and CareCredit.

By initialing and signing below you authorize Claremont Dental Arts to file your insurance and release payment to this office.

Cancellation/Broken Appointment/Late Policy:

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We understand situations arise in which you must cancel or reschedule your appointment. We therefore request that if you must cancel your appointment you provide our office with a 24 hour notice. Any appointment canceled less than 24 hours prior to the scheduled appointment time or broken without any attempt to contact our office to cancel or reschedule **may be subject to a \$40.00 cancellation fee.**

We must try to keep the other patients and doctors in our office on time, as well as ensure that everyone receives the same quality of care. In order to do so any patient who arrives more than **10 minutes** after the start of their appointed time may be asked to reschedule the appointment or receive an abbreviated service.

By initialing and signing below, you have read, understood and agree to our office cancellation/broken appointment/late policy.

Privacy Policy:

Initial

It is our goal to keep your information private and will do so as required by law. You are entitled to a copy of our Privacy Policy and will find your copy at the back of these forms.

By initialing and signing below, you attest that you have received a copy of the Notice of Privacy Practices for Claremont Dental Arts.

Signature – Patient, Parent or Guardian

Date

Patient Name (Please Print)