

2017 Oral Implantology Associates Financial Policy

Welcome! Thank you for choosing Oral Implantology Associates as your dental provider. We are committed to the highest quality of care at most reasonable fee. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy. All patients must complete our Registration and Health History form before having any treatment/consultation. The following is a statement of our Financial Policies which require you to read and sign prior to any treatment. If an attorney is retained for any uncollected balance, all attorney and court costs will be your responsibility.

FULL PAYMENT IS DUE AT TIME OF SERVICE

FINANCIAL AGREEMENT: Patients are expected to pay for our services at the time they are rendered. Payments may be made using cash, check, Amex, Visa, MasterCard and/or Discover. We also offer CARECREDIT, which is a financing option that are available only for healthcare expenses.

Policy for NO SHOW or Late Cancellation of a Scheduled Hygiene or general Dentistry Appointment

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. If you have a conflict in making your appointment call 48 hours in advance. If you NO SHOW or do not give the office 48-hour notice, then your account will be charged a \$40.00 fee for missed appointment. This fee will be due before any further appointments are scheduled.

Policy for Dental Implant or surgical appointments

For these longer timed appointments a 10% non-refundable deposit is required. There is a 72-hour advanced notice required to cancel an implant or surgical procedure. The 10% deposit will be forfeited if 72 hours advanced notice has not been given to cancel the appointment.

After hours' emergency visits

Any after-hours emergency visits will be charged **\$150.00** emergency fee plus cost of treatment. Payments for these visits are due at the time of the visit with cash or credit card only.

Insurance Policy

We will no longer be accepting assignment of insurance benefits. We require payment in full at time of service and as a courtesy to our patients we will file your insurance. We cannot file your insurance unless you provide us with your insurance information. The insurance company requires us to file only for procedures we do on that specific date. Your insurance policy is a contract between you and your insurance company, we are not part of the contract.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agreed to this Financial policy and accept that services rendered and payment is for both part of treatment.

X _____

Signature of Patient or Responsible Party

Date _____