

**OFFICE POLICY**  
**Effective March 11, 2014**

Welcome and thank you for choosing Five Star Dentistry, Dr. W. Bryan Boak and Staff. Our practice firmly believes that a good doctor/patient relationship is based upon a clear understanding of office policies and an open line of communication. Our primary mission is to deliver the best and most comprehensive dental care available. ***Please review and initial the following:***

- 1) ***Payment is due in full at the time services are rendered.*** This policy is adhered to on your first visit unless you have dental insurance that we participate with and your benefits can be verified by our staff prior to, or by the time services are rendered. \_\_\_\_\_ **please initial**
  
- 2) Our office is happy to cooperate with individuals who are covered by dental insurance. We only ask that you carefully read your policy to be sure that you are fully aware of any restrictions that may apply to the benefits provided. Your dental benefit is a contract between your employer, the patient and insurance company.  
***It is not a contract between the dentist and the insurance company.*** \_\_\_\_\_ **please initial**
  
- 3) In the event that you **DO HAVE** dental insurance, my office staff will provide you with the best estimated costs available on that date of service. We will collect your initial estimated portion and then bill the insurance company for treatment rendered. ***THIS IS AN ESTIMATE and not a guarantee of payment by your insurance carrier.*** You will be responsible for any outstanding balance following insurance payment. We will submit your dental insurance as a courtesy to you at no additional charge. If insurance payment is not received within 90 days, our office will notify you and you may be responsible for outstanding balances. Previously approved financial arrangements can be made for subsequent visits only. ***Please plan ahead to fully utilize your yearly insurance benefits. We encourage you to make appointments early enough in the year to allow sufficient time to complete your treatment.*** \_\_\_\_\_ **please initial**
  
- 4) ***Account balances that are past due:*** There will be a 1.5% monthly (18% annually) finance charge applied to all accounts which are past due. If the account is not paid in full, this charge will automatically be applied to your account 30 days from the date of initial statement. ***Collection action may occur should your account become past due beyond 90 days.*** \_\_\_\_\_ **Please initial**
  
- 5) ***If a check or debit transaction is returned or declined for any reason,*** there will be a service charge of \$35 to cover administration cost levied to us by the bank. \_\_\_\_\_ **please initial**
  
- 6) ***Minor Children – In cases of Divorce or Separation, the parent/legal guardian that accompanies the child is responsible for payment of services. Unaccompanied children will not be seen unless a responsible parent/guardian is with them.*** \_\_\_\_\_ **please initial**
  
- 7) ***Students – If you are a full-time student; you are responsible to provide the insurance company student verification from your school. Otherwise, if an insurance company denies insurance payment for not receiving this information – you will be billed for the visit.*** \_\_\_\_\_ **please initial**

Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patient's financial capabilities. ***Here are the payment arrangements we now offer in our office.***

1. **Cash** --- includes money orders and personal checks. Payment in full at the start of treatment ***for the entire treatment plan*** will receive a 5% professional courtesy. **The courtesy does not pertain to credit/debit card/CareCredit transactions or patients who have insurance coverage.**
  
2. **American Express / Discover / Visa / MasterCard** --- we accept credit cards as payment for treatment as well as Debit Cards.

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3. **CareCredit**--- the financing plan (*subject to credit approval*) we offer as a separate line of credit to cover you and your family members' healthcare needs. With CareCredit you can enjoy these benefits:
- Flexible financing options 6, 12 & 18 month interest free financing
  - Credit decision usually only takes a few minutes
  - No annual fees or prepayment penalties
4. **Medical Bureau of Pittsburgh**---this plan pays the dental office in full – at once. You repay the Medical Bureau by monthly payments – without additional expense, or delay. This is not a LOAN Agency or Bank, it is a non-profit organization.
- Simple requirement: acceptable credit and sufficient income to meet the required monthly payments.
  - There are no premiums, interest charges or loan fees.

**Refunds for Unfinished Treatment:** If a patient decides to discontinue treatment after it has been started, a **proportionate refund will be considered but cannot be guaranteed.** Individual circumstances may be discussed with the business manager and/or dentist. \_\_\_\_\_ **please initial**

**Credits on an Account:** If an insurance company pays more than anticipated creating a credit on the account for the patient, we are happy to leave the credit on the account to be applied toward future treatment. Otherwise, a refund back to the insurance company will be issued. All other credits can only be reimbursed in the same format as they were paid. \_\_\_\_\_ **please initial**

**APPOINTMENTS AND CANCELLATIONS**

When we make your appointment, we are reserving office time and resources for our particular needs. We ask that if you must change an appointment, please give us at least 48 hours notice. This courtesy makes it possible to give your reserved time to another patient who needs the appointment. Appointments cancelled less than 48 hours and No Shows will be addressed as follows:

- ***1<sup>st</sup> cancellation without 48 hours notice*** - a verbal reminder of our policy will be given.
- ***2<sup>nd</sup> cancellation or no show - a cancellation fee of \$55 will apply*** and will need to be paid prior to future appointments being scheduled.
- ***If your appointment is 2 or more hours long***; and you break the appointment without sufficient notice – 50% of the scheduled appointment fee will apply.
- ***Repeated cancellations or missed appointments will result in loss of future appointment privileges***

\_\_\_\_\_ **please initial that you have read the cancellation policy**

If at any time you have questions or need explanation of treatment and/or treatment cost, please feel free to address your concerns with the Business Manager. Your cooperation and understanding of the financial policy is most appreciated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_