

DENTAL IMPRESSIONS

FINANCIAL POLICY

At Dental Impressions, we are committed to providing you with the best possible care. If you have dental insurance, we will do our best to help you receive your maximum allowable benefits. We will gladly discuss your proposed treatment with you, and answer questions relating to your insurance to the best of our ability.

Please be aware, however, that:

1) Your dental insurance is a contract between you, your employer, and the insurance company. We will gladly file dental claims for you.

2) Not all services are a covered benefit by insurance companies. Depending on how a dental insurance policy is set up with an employer, some benefits are not part of the policy. Please check with your insurance plan to see if the recommended treatment is a covered benefit.

3) Our fees are generally considered to fall within the usual and customary range by most insurance companies. *This does not apply to companies that reimburse on a 'schedule' of fees.*

As a dental provider, our relationship is with you, not your insurance company. Diagnosis and treatment is determined by what is best for your dental health, not what the dental insurance will pay. We file dental insurance claims as a courtesy for patients, however, all charges for services are the responsibility of the patient. Payment is due at the time services are rendered, and we will gladly accept cash, check, and credit/debit cards for payment. If you need to set up a payment arrangement, please speak with office staff. We will do our best to work with you to keep your oral health in good shape, as well as financially. We understand that sometimes temporary financial issues do arise, please contact the office for assistance with managing your account. Please do not hesitate to ask any questions or concerns you may have. We are here for you.

CANCELLATION POLICY

We understand unavoidable life circumstances come up. We ask for 24 hour notice for cancellation as a block of time has been reserved for your dental needs. A 24 hour notice allows us to fill the reserved time with another patient who may need it. If an appointment is missed with no communication with the office, a \$25 missed appointment fee will be applied to your account. Thank you kindly for your help in this matter.

Signature: _____ **Date:** _____