

Rocky Mountain Dental Care

Financial Guidelines

THANK YOU FOR CHOOSING US AS YOUR DENTAL HEALTHCARE PROVIDER. Dr. Johnson and his staff are dedicated to serving your dental needs with the best professional advice, care, and service obtainable. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy and guidelines, which we require you to read and sign prior to any treatment. We are glad that you are here and we want to do our very best for you. If you have any questions during your dental exam or treatment, please feel free to ask.

PRIVATE PAY PATIENTS

Full payment is due at the time of service unless prior arrangements have been made. We accept cash, checks, Visa, Mastercard, Discover, American Express, Care Credit, and debit cards. Ask us about interest free financing through Care Credit or Citicards.

INSURANCE PLANS

We will always do our best to help you to maximize your benefits. Your dental insurance policy is a contract between you, your employer and your insurance company. We are not a party to that contract and cannot predict or guarantee any insurance coverage or benefits.

Your treatment plan is individually tailored and is not based on your dental insurance benefits or lack of benefits.

Not all services are covered benefits in all contracts. Most insurance plans arbitrarily select certain services they will not cover. The coverage your employer purchases from the insurance company may only cover the least expensive treatment, which may not be the most appropriate treatment for you. You are responsible for paying for your treatment, whether your insurance deems it covered or not. It is your responsibility to thoroughly understand the coverage, exceptions, yearly maximums, etc. of your particular policy.

As a courtesy to all of our insured patients, we will file your dental insurance claim forms for you. You are responsible at the time of treatment for payment to us of any applicable deductible and for your co-insurance portion. Any payments made directly to you by your insurance company on unpaid balances should be forwarded immediately to our office so that your account may be credited accordingly. Accruing interest at the rate of 1.5% monthly can be avoided if your personal financial responsibility is cleared within 90 days of your treatment.

Your claim will be filed immediately, and benefits are expected to be paid by your insurance within 30 days. The payment or non-payment of an insurance claim does not relieve you of timely payment on your account. If the claim is not cleared by your carrier in 60 days, the unpaid portion will automatically become "self pay" and a statement will be issued to you for the unpaid portion. Please feel free to contact your insurance company regarding unpaid benefits.

I understand and accept the financial and the dental insurance policies and guidelines listed above. I agree to pay for all treatment in a timely fashion as described so as to avoid any additional fees. I hereby authorize my insurance benefits to be paid directly to Dr. Johnson.

PATIENT (or parent of minor)

Date

Rocky Mountain Dental Care Course of Action for "No Shows"

A "No Show" occurs when a patient does not arrive for his or her scheduled appointment and does not call 48 hours in advance to cancel or reschedule the appointment. A "No Show" wastes both time and resources of the Doctor, Hygienist, and office staff, and also prevents another patient from utilizing that appointment time.

As a courtesy to you, we send reminder cards two to three weeks before scheduled appointments. Additionally, we call you to get verbal confirmation of all appointments. If a "No Show" still occurs, Rocky Mountain Dental Care has no other recourse but to charge a fee for it. The fee is \$40.00. The purpose of the fee is twofold: primarily, it is to recoup some of the lost office overhead expenses; second, it is a reminder to call in advance to reschedule an appointment should something unavoidable arise.

Generally, we track "No Shows", and after the third, our policy is to discharge you from our care. Obviously, we would prefer that you call ahead if something comes up such that you are unable to keep your appointment, thus avoiding a "No Show".

We thank you for your understanding in this matter, and appreciate your cooperation.

I understand, accept, and agree to the above guidelines for No Shows.

Patient (or parent of minor)

Date