

OFFICE POLICIES



Office Financial Policies

Dental insurance plans do not normally provide full coverage of your dental bill. Your dental coverage is a contract between you and your insurance company, and while we will cooperate to the fullest in expediting your claim, you are ultimately responsible for your account. **Your portion of the bill will be due at time of service.**

If your insurance has not paid within 60 days from the date from the date of service, we will look to you for prompt payment of the account. All costs for collection of the account, should collection procedures or small claims court become necessary, will be passed on to the patient and/or the responsible party.

I understand that, due to any false information, I will be subject to criminal prosecution.

Signature

Date

Insurance Regulations

I have been informed of the treatment plan and associated fees. I understand that my treatment plan can change during the course of treatment and that might change the cost of my dental care. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health care information to carry out payment activities in connection with claims submitted from this office.

Signature

Date

Assignment of Benefits

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to **Aurora Periodontics & Implant Dentistry.**

Signature

Date

Appointment Cancellations

If there is a need to move or cancel your appointment, we request you phone in at least 48 hours prior to the appointed time. If you cancel or reschedule the appointment with less than a 48 hours notice a \$25 charge will be applied to your account.