

Office Policy

Dr. Bush and her team would like to thank you for choosing **Perfect Smile Dental Studio** for your dental needs. We have adopted these policies to help ensure a smooth relationship.

RESCHEDULING/CHANGE IN SCHEDULE POLICY

Appointments are reserved exclusively each patient. If the patient finds that they must change their appointment, we require a minimum of 24 working hours notice so that we may make every effort to accommodate other patients. If we are not notified within this time frame, we reserve the right to charge a broken appointment fee of \$65.00 (limited exceptions will be made). In addition, multiple failed appointments will result in being placed on a “call” list and will only be called for appointments on a short notice basis. No regular appointments will be given.

APPOINTMENT CONFIRMATION

Appointments should be confirmed via e-mail, text, and/or phone call. If the appointment is not confirmed 24 hours prior to its occurrence, we reserve the right to utilize the appointment time for another patient.

FOR OUR PATIENTS WITH DENTAL INSURANCE

Here at Perfect Smile Dental Studio, we always do our best to help patients maximize their benefits. As a courtesy to all our insured patients, we will electronically file their insurance claims forms. The patient’s claim will be filed immediately, and benefits are expected to be paid within 30 days. However, the filing of an insurance claim does not relieve the patient of a timely payment of their account. If the claim is not cleared by their carrier in 60 days, the unpaid portion will become the patient’s responsibility and a statement will be issued for the unpaid portion. The patient is responsible for any amounts that their insurance company chooses not to pay.

We do not accept the assignment of benefits from secondary insurance carriers. We will walk the patient through the process of submission; however, payment will be due from the patient for the remaining balance after primary carrier has paid.

DEPOSIT POLICY

Due to the fact that we want to render the very best care to our patients, we require a deposit of a 1/3 of the treatment fee to make an appointment for procedures that are 90 minutes or more. A deposit is of the utmost necessity so that we can reserve the appointment specifically for each patient. The deposit also serves to respect all parties’ time.

For patients with two insurances, the patient must pay a deposit also. We spend a great deal of time getting ready for the patient's visit. The patient does us and other patients a huge disservice by not showing up for their reserved time.

RETURNED CHECKS

There will be a \$25.00 charge for all returned checks. This charge along with any balance due will need to be collected *prior* to the patient's next office visit.

PAYMENTS

All payments for the patient's personal balance (cash visit fees, deductibles and co-payments) are due at the time of service or by authorized payment plan.

All accounts which become delinquent by more than 90 days may be sent to a collection agency for satisfaction.

In our office, we strive to maximize your insurance benefits and make any remaining balance more affordable. Dental treatment is an excellent investment in one's physical and psychological well-being.

Consent

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered

Signature: _____

Date: _____