

# An Important Message About Our Financial and Appointment Policies

To maintain good patient/office relations, it is important to be aware of our office policies regarding billing and appointments.

\* **We require 24 hours advance notice should you need to change/reschedule your appointment. Broken appointments may incur a charge at the doctor's discretion.**

\* **IF YOU DO HAVE DENTAL INSURANCE:** We accept assignment for most insurance plans. We **ESTIMATE** what your insurance will cover and you pay the remainder at the time of service. We will bill your insurance and, if you choose, all payments will be sent to us. If your insurance pays more, you will receive a refund or a credit. If your insurance pays less, you are responsible to pay the difference.

\* **WE CARRY OPEN INSURANCE BALANCES FOR ONLY 45 DAYS.** You will be billed for any unpaid claims over 45 days.

*Please fill in one of the circles:*

① I choose to pay for services in full and want my insurance to reimburse me directly.

**OR**

② I choose to assign my insurance benefits directly to **Philadelphia Dental** and authorize the insurance manager to sign my name to my insurance form when necessary for services rendered to me and/or my family.

\* **IF YOU DO NOT HAVE DENTAL INSURANCE:** You are responsible for paying for services in full as they are performed. You may want to consider joining our own **IN OFFICE DENTAL PLAN (IODP)**.

\* We accept cash, MasterCard, Visa, and Check cards. We also accept personal checks. There is a charge for all checks returned as uncollectible.

\* We can also help you apply for 0% financing for your treatment. An application is available at the business office.

\* If there is an outstanding balance on your account, you will receive a statement from us. Payment is expected within 15 days. A \$25 late charge may be assessed for excessive delays in payment.

\* If you need an estimate of the cost per session or of your entire treatment plan, just ask. We want you to fully understand the treatment recommended by your doctor and will be glad to answer any questions.

**I HAVE READ, THOROUGHLY UNDERSTAND, AND AGREE TO FOLLOW PHILADELPHIA DENTAL'S FINANCIAL AND APPOINTMENT POLICIES. I UNDERSTAND THAT FAILURE TO ADHERE TO THESE POLICIES MAY RESULT IN THE LOSS OF MY IODP BENEFITS (if applicable) AT THE DISCRETION OF PHILADELPHIA DENTAL ASSOCIATES.**

PRINT NAME

SIGNATURE

DATE