

FINANCIAL POLICY

Thank you for choosing our office for your dental care. Our practice is “health centered” rather than an “insurance centered” practice. We are committed to providing the highest quality dental care through the use of state-of-the-art technology, equipment and training. At all times, you can be confident that we will always recommend and provide you with our best services without regard to the limitations imposed by your insurance coverage. To do otherwise would violate our contract with you, a contract we feel morally obliged to honor. We hope that by providing you with our policies in advance we can prevent misunderstanding and frustration. The following is a statement of our Financial Policy, which we require that you read and sign prior to treatment.

Please understand that payment of your bill is considered a part of your treatment.

Full payment is due at time of service. We accept cash, checks or Visa/Master Card/Discover/American Express. We also offer various dental financing options as an extended payment option. Ask our staff for details.

Insurance

As a courtesy, we get a basic breakdown of your benefits from your insurance so that we can offer you an estimate of your benefits. The estimated percentage not covered, including any deductible, is to be paid at the time of service.

Please be aware that you are fully responsible for understanding your plan and exclusions and how it relates to your dental procedures. At any time, if you have questions regarding your plan as it relates to your treatment, we will be happy to try to answer to the best of our knowledge. However, it is your responsibility to verify and determine coverage of service with your insurance company.

If your insurance plan does not cover procedures as estimated, the portion not covered is your responsibility after 60 days of non-payment from the insurance company.

We will file your insurance if we are able; however we need the following information to offer you this service (most of the time this information is provided on your insurance card or from your employer’s HR):

- Name of Insurance and Phone Number
- Employer of Policy Holder
- Member Number or Social Security Number
- Group Number
- Patient DOB and/or Policy Holder DOB
- Eligibility Date

If your plan has a fee schedule you are responsible for providing that to our office prior to your appointment.

Our office files insurance for our patients as a courtesy. Please keep in mind your contract is between you and the insurance company. Your involvement in the process of providing us with proper information, and you being proactive in knowing your plan, will help us maximize your benefits to their full potential.

Regarding PPO insurance plans, it is your responsibility to be sure we are a participating (in network) provider on your dental plan.

Regarding DMO insurance plans, which are reduced fees, there is no reimbursement for services from your insurance company. The reduced fee and presentation of your insurance card or verification of coverage is required at the time of treatment.

Our practice is committed to providing the best treatment for our patients. You are responsible for payment regardless of your insurance company’s determination of usual and customary rates, if our office does not participate in your plan.



Minor Patients

Minors must be accompanied by a legal guardian at their initial visit and by an adult at all subsequent visits. The legal guardian is responsible for full payment of services at the time of treatment. Should the recommended plan of treatment change, approval is required of the legal guardian. If the legal guardian is not present at subsequent visits, he or she must be available by phone in the event of an emergency to approve any changes in treatment, or for any other reason that may arise. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized. The legal guardian is required to notify our office of any changes in the minor’s medical history prior to treatment.

Divorce Decrees

This office is NOT a party to your divorce decree. The legal guardian who accompanies the minor at the initial visit is responsible for payment.

Interest and Rebilling Fees

Interest in the amount of the 18% APR will be charged to any remaining balance after 60 days.

Missed Appointments

Unless canceled on a business day at least 24 hours in advance, we reserve the right to have future appointments prepaid or not pre-book your appointments but allow you to be on a cancellation list. If you miss 3 missed appointments without adequate cancellation time, you may be dismissed as a patient from the practice. If you arrive more than 15 minutes late for your scheduled appointment, you may be asked to reschedule your appointment to another time and/or day.

I have read, understand, and agree to the Financial Policy.

_____ X _____
Printed Name of Patient Signature of Patient or Legal Guardian Date

Printed Name Legal Guardian _____
Address _____
City/State/Zip _____
Phone # _____
Cell # _____
Employer _____
SS# _____ DOB _____
DL# _____ Sex: M or F

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