

Martinez Dental Solutions - Office Policies

Patient's Name _____

Patient's Date of Birth _____

Thank you for choosing us as your dental health provider. Please take a moment to review the following office policies. If you have any questions, please feel free to ask any staff member for more information.

APPOINTMENTS

- In order to provide you with the attention and level of care you deserve, we reserve a significant amount of time and reserve a specific room for your visit. We also understand that your time is valuable and, because of that, we make every effort to see you at the appointed time. On the other hand, your promptness and consideration in not changing your reserved time is very much appreciated. In the event you must change an appointment, a minimum 48-hour notice is required. **Please note that a fee of \$30 will be applied for appointments missed without notice and for broken appointments with less than 48 hours notice.**
- Our practice offers Saturday appointments. These appointments are limited and in high demand. Because of that, if a Saturday appointment is broken with less than 48 hours notice, you will lose the privilege of scheduling Saturday appointments in the future.
- Arrangements must be made in advance if a minor child (under age 18) is to be seen without an adult present.

INSURANCE/FINANCIAL

- **Treatment Plan fees are valid for 90 days.**
- Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Any and all fees quoted for dental treatment are an estimate based on the information provided to us by your insurance carrier. **Any differences in payments made by or procedures denied by your insurance carrier are your responsibility.**
- As a courtesy to our patients, we accept assignment of benefits from most insurance companies. However, **we do require you to pay your deductible and/or "estimated patient portion" at the time of service.**
- Your insurance company may pay alternate benefits for certain procedures such as bridge work. **Cosmetic restorations (white fillings), for example, are sometimes paid at a lower rate than our estimate. You will be billed for the remaining balance.** Also, some of our services may be "non-covered," subject to an insurance company's arbitrary determination of usual and customary rates, or have time limitations imposed by the insurance company. In addition, there may be a missing tooth clause or other restrictions on your policy that may apply to your treatment and any subsequent payment expected from your insurance carrier. **It is your responsibility to be familiar with the clauses in your insurance policy.**
- We verify coverage **once** when you first come to our office, and anytime you inform us of changes in your insurance. Although we check what your "Annual Maximum Benefit" is and we make every effort to track how much you have left, **it is your responsibility to keep track of your balance.** We'll know about the treatment you do at our office, but we won't necessarily know about the work performed at other offices (and how much of your benefits you've used there), even if it is at the specialist's office we referred you to. **If you go somewhere else, please let us know.**
- **IT IS ULTIMATELY YOUR RESPONSIBILITY TO UNDERSTAND YOUR DENTAL INSURANCE BENEFITS AND TO INFORM THE OFFICE OF ANY CHANGES TO YOUR INSURANCE BEFORE TREATMENT IS PERFORMED. YOU ARE RESPONSIBLE FOR ANY BALANCE LEFT UNPAID BY YOUR INSURANCE COMPANY.**
- The adult accompanying a minor is responsible for full payment.
- **In the event your account balance remains unpaid in excess of 90 days, your account will be turned over to a collection agency. You will be fully responsible for all admin costs and legal fees associated with the collection process.**

Thank you for reviewing and understanding our guidelines. Please let us know if you have any questions or concerns.

I have read, understand, and agree to the above policies.

Patient (or Legal Representative)'s Name

Patient (or Legal Representative)'s Signature

Date