

McCordsville Family Dentistry

Thank you for selecting McCordsville Family Dentistry to provide dental care for you and your family. We look forward to assisting you with all of your dental needs.

PAYMENT POLICIES

All co-payments are due in full at the time of service. We accept cash, check, major credit cards, and Care Credit, a healthcare financing option. In the case of a return check, a fee of \$25 will be applied.

Statements are sent as needed. A billing period is considered ten days from the date the statement is mailed. *Accounts over 30days will incur a monthly finance charge of 1.5% per month. Our office does not provide third party billing, i.e. non-custodial parent, employers, etc. Health Flex Receipts are given at the time of check out. Additional copies will be provided with a \$10 fee.

INSURANCE

Insurance is a contract between the insured and the insurance company. We file insurance claims as a courtesy to our patients. We will be happy to help you with any questions you might have concerning your insurance claims in our office. You are responsible for knowing your insurance coverage policies, and we cannot be held responsible for any errors in the estimation of your insurance coverage. We will only pursue insurance payments for 60 days after which, if your insurance provider has not paid, you must pay the outstanding balance in its entirety. In this circumstance, assistance from our office will continue to be provided in receiving reimbursement from the insurance company.

APPOINTMENT CONFIRMATION POLICY

We believe that your time is valuable and due to this belief we do not “double book” like other practices may. We accept drop-ins or same day appointments only in the event of an emergency. Keeping scheduled appointments allows us to provide optimal care for our patients. As a courtesy for all hygiene recall appointments a postcard reminder is mailed 1 month in advance.

Confirmations are sent out 3 days in advance via cell, home and e-mail. We request that you confirm your appointment and will anticipate your being here unless you cancel with one of our team members. Cancellations cannot be accepted via voicemail and must be made with greater than 24 business hours prior to your appointment.

A cancellation without a proper notice given 24 business hours prior to the appointment will result in a \$25 fee.

Appointments of greater than 2.5 hours duration will require a deposit of \$50 per hour of the appointment prior to being placed in our schedule. The deposit is applied toward the proposed treatment at that appointment. These appointments require a 48 hour cancellation notice and the deposit is non-refundable.

We appreciate your review of our office policies. We look forward to fulfilling our commitment to you and your family and anticipate an enjoyable and productive relationship. Please sign below confirming that you have read and understand these policies.

I ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE ABOVE OFFICE POLICIES FOR MCCORDSVILLE FAMILY DENTISTRY.

Signature

Date