

ANDY HOLLIFIELD DMD, PA
FAMILY DENTISTRY

FINANCIAL & CANCELLATION POLICIES

Name: _____ Cell Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

FINANCIAL POLICY

Thank you for choosing our office as your dental health care provider. We find that open communication with our patients regarding our financial policy assist us in providing the best service to you. We are committed to providing you with the highest quality of dental care, so that you may attain your optimum oral health. Please understand that payment for your services is considered part of your treatment. The following is a statement of our financial policy, which we require that you read, and agree to, by signing prior to your treatment.

- Information and fees listed on your treatment plan is an ESTIMATE ONLY. We truly do not know for sure what the insurance will cover or pay until we receive the insurance payment in our office. Fees listed on the treatment plan will be honored for 90 days, from the date of the treatment plan proposal, and after 90 days, may be subject to pricing changes.
- Payment is due at the time services are rendered. Our office accepts cash, checks, VISA/MC/DISCOVER and third-party financing through Care Credit and/or Green Sky.
- If your check is returned or dishonored for any reason you will be charged an NSF fee of \$25.00
- Dental insurance is intended to only be an aid, and rarely covers 100% of the total cost of your dental care. If you have insurance benefits, we ask that you pay the deductible and the estimated co-payment at the time of service. As a courtesy to our patients, we will submit your insurance claims for you: **however, your insurance is a contract between you, your employer and the insurance company.** All patients are financially responsible for their accounts. We want to emphasize that as your dental care provider, our relationship is with you, our patient, not your insurance company. We will do our best to work within your plan to help you receive your maximum benefits.
- All charges incurred are your responsibility regardless of your insurance benefits. We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Please know that our office will not enter into a dispute with your insurance company over any claim. If problems arise in getting a claim paid, specific questions should be directed to your insurance carrier or your employer.
- If your insurance company has not made payment within 45 days, we may ask that you contact your insurance company to make sure payment is expected. If payment is not received within 90 days from the date of filing, or your claim is denied, you will be responsible for paying the full amount at that time. If we receive any payment from your insurance after you have paid your bill in full, we will remit the payment directly to you.
- Also, often we may need to reach you concerning an insurance question.... please make sure you always provide us with updated phone numbers to make this process as efficient as possible. We will do our best to work with you and your insurance.
- **Please note: any balance over 90 days will be charged a finance fee of 2% monthly until the balance is paid in full.**

FINANCIAL & CANCELLATION POLICIES

CANCELLATION POLICY

We respect the importance of your time and our time, and we work diligently to schedule appointments that accommodate the needs of all our patients. We will make every effort possible to see you at your scheduled appointment time, and we ask for you to extend the same courtesy to us by being on time for your appointment. Unlike other dental practices, we do not double book appointments. We allow a generous amount of time for all hygiene appointments and procedures. We feel that a successful outcome to treatment is the result of combined efforts of both you and our practice.

- **If you must cancel or reschedule an appointment, we would greatly appreciate for you to notify us ASAP, or at a minimum of 48 hours prior to your scheduled appointment time.** Broken or missed appointments, as well as late arrivals, create many scheduling problems and delays for other patients, as well as for our practice. Appointments are considered your reservation with us!
 - We make every effort to communicate appointment times with you. You will receive several reminders, usually in the form of an email, text, or phone call, prior to your appointment. The simplest way to confirm is by responding YES to your text appointment reminder. **If we are unable to reach you via the contact information you have provided, or we have not received a confirmation back from you after calling, we reserve the right to cancel and remove your appointment from our schedule within 24 hours of your appointment time. If two (2) appointments are broken or cancelled in less than 48 hours prior to your appointment, within a 2-year period, a \$50 cancellation fee will be applied to your account.** We kindly ask for your careful consideration regarding this matter, as all of our patients' time is valuable. In return, we promise to provide you with the very best dental care!
 - Lastly, if three appointments are broken without proper advance notice, or any communication, we may be unable to reschedule additional appointments for you, and Andy Hollifield, DMD reserves the right to dismiss the patient from our practice. The practice will offer emergency treatment for 30 days from the date of the missed appointment, but after 30 days the patient will no longer be treated at Andy Hollifield, DMD PA.
- **I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS REGARDING THE FINANCIAL AND CANCELLATION POLICIES FOR THIS PRACTICE. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO DR. ANDY HOLLIFIELD DMD, PA.**

Patient Name: _____ Date: _____

Signature of Patient/Parent: _____ (If patient is a minor)