



Thomas S. Walther, D.D.S.

**OFFICE POLICIES**

In order to enhance communication and promote understanding regarding this office’s policies, please read through the following information. After reading, please provide your signature at the bottom indicating that you fully understand these policies. This form must be signed in order to proceed with your scheduled appointment. If you have any questions or concerns, please do not hesitate to ask. We are here to help you! Thank you.

**INSURANCE:** We are happy to file claims with your insurance carrier(s) on your behalf. Please understand that each patient is ultimately responsible for the cost of services rendered. Your insurance policy is a contract between you, your employer, and the insurance company. Our financial relationship is with you, not your insurance company. We strive to educate our patient on the realities of dental insurance, however, and believe it should be viewed as a “coupon” or “gift card” for dental treatment, and not be the determining factor in our patient’s dental needs and desires.

- You will be responsible if your insurance company does not pay for a service. If your insurance company has not paid after 60 days from the date of service, the balance becomes the patient’s responsibility. If a service performed is not part of your dental benefits, you will be responsible for payment of our normal fee for that procedure. Not all services are covered benefits in all contracts.
- It is your responsibility to inform us of your current insurance status and any changes in that status. If the information you have given us is incorrect and it results in a balance due, you are responsible for payment of the balance.

**PATIENT PAYMENTS:** We will do our best to estimate your financial responsibility prior to beginning treatment. A signed copy of the financial agreement is necessary prior to treatment. We accept cash, checks, and Visa, MasterCard, Discover Card, and American Express.

**FINANCING:** Our ultimate goal in our office is to make sure that excellent dental care and a beautiful smile are attainable and affordable for each and every one of our patients. Because of this, we have partnered with Care Credit to offer interest free (6, 12 and 18 months!) and fixed monthly extended payment plans at a fixed interest rate (24-60 months!). These plans are designed to fit within any monthly budget and are customizable to your needs. Additionally, we offer a 10% discount for prepayment for your treatment. In order to proceed with treatment, 25% is due to make that appointment and hold it. The remainder is due on the date of service. We hope to help all of our patients understand what an amazing investment their dental care and smile are, and how life changing their treatment can be. As always, if you have any questions, or would like to speak with someone privately regarding ways to budget for your diagnosed treatment, please do not hesitate to ask.

**DHMO/DMO INSURANCE:** Co-payment for each procedure is due at the time of service. A signed copy of the financial agreement is necessary prior to treatment.

**ACCOUNT STATEMENTS:** We use a dental billing company to process our patient payments and insurance claims and payments. First Pacific Corporation (FPC) sends monthly statements reflecting the patient’s balance and indicating payments both from the patient and insurance company. All patients with a balance will receive a statement. Late payment, interest and finance charges will be applied to accounts that do not make the minimum payment by the indicated due date and pay their balance in full within 90 days. Our office will supply you with a copy of FPC’s “truth in lending” information, at your request. If you have any questions regarding your statement, please call FPC at 1-800-574-7064. Some patient accounts are billed directly through our office, not FPC. Payment for dental services rendered is expected to be paid in full upon receipt.

**MISSED APPOINTMENTS:** We request notice of 24 hours for cancellation of appointments. We kindly ask that you not leave requests for schedule changes on our answering machine after business hours. Our goal is to be able to offer any appointment that becomes available on short notice to another patient, and that is best coordinated during regular business hours. We understand that sometimes last minute cancellations are unavoidable, but we try to minimize these instances because keeping our patient’s teeth healthy is our #1 priority. Our office sends reminders about appointments, continuing care (check ups) and treatment needed through text message, email and/or phone calls. Please make sure your cell phone number and email are updated with our office in order to receive these reminders.

**PAYMENT PREFERENCE** (please check a box):

Check, debit or credit card.  Care Credit®.  (Self Pay Patients) Membership Club

Name: \_\_\_\_\_ Signature (parent if minor): \_\_\_\_\_ Date: \_\_\_\_\_