

# Horseshoe Bay Dental

## Office Policy

### Financial Policy

An important part of our mission is making the cost manageable for our patients. Payment is due at the time services are rendered. If your insurance plan requires a co-payment, payment of the co-payment is required at the time services are provided.

You can choose from:

\*Cash or check- We will gladly extend a 3% courtesy for our Cash patients and our Out of Network insurance patients, if your treatment is over \$500.00 and you pay with the cash or check.

\*Visa, Mastercard, American Express or Discover credit cards

\*Care Credit- 6 to 12 months interest free available

### Dental Insurance Policy

We will gladly work with you to maximize your insurance benefits. Realize that dental insurance policies restrict payments for some services, use negotiated fee schedules and exclude some procedures based on prior conditions and/or waiting periods. Understanding your insurance benefits can be very challenging, and each plan differs. If you any specific questions regarding your policy, you should contact your employer or insurance carrier directly. We will file your dental insurance claim and request payment of your benefit directly to our office.

### Returned Check / Collection Policy

We do charge a \$35.00 fee for a nonsufficient/returned check from your bank and a \$25.00 collection fee for accounts sent to our outside collection agency. We do send 90 day past due accounts to an outside collection agency.

### Failed Appointment Policy

We reserve our time, facilities and equipment especially for you to receive high quality dental care. To keep our fees from rising, we politely request at least **24 hour** notice if you are unable to keep a reserved appointment. **Without this notice, we reserve the right to charge a \$30.00 broken appointment fee. After two failed or broken appointments per family we ask that you prepay a deposit of \$50.00 at least 24 hours prior to your next appointment.** This will go toward your dental treatment on your reserved appointment day or if you are unable to make the appointment it will go to the office. We ask that you please try to understand our position on this delicate situation and kindly confirm your reserved appointment with our office no later than 24 hours before your appointment time.

### Fee Estimate

I understand that the fee estimates for dental care can only be extended for a period of 6 months from the date of consultation.

### Late Arrivals

We attempt to schedule our patients as efficiently as possible to reduce your wait time on our reception area. Due to this method of scheduling, it is imperative that we are able to start your appointment at the time we have scheduled for you. If you arrive for your appointment more than 15 minutes late, we do reserve the right to reschedule your appointment for another day and time. As always, we try our very best to honor your appointment time to the best of our abilities. With this policy in mind, if our office runs behind for your appointment more than 15 minutes, we will allow you to reschedule your appointment.

With these policies in place, we are able to provide you with outstanding dental treatment at a fair price. If you have any questions, at any time, please do not hesitate to discuss these with us. We are here to help you achieve the quality care you deserve. Thank you.

***I, the undersigned, assign all dental benefits, if any, directly to Horseshoe Bay Dental, otherwise payable to me. I understand that my dental care insurance carrier may pay less than the estimated or actual bill of services. I understand I am financially responsible for payments in full on all accounts, regardless of my dental insurance benefits.***

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Patient Signature or Responsible Party

Date

