



APPOINTMENT & FINANCIAL POLICIES

Piedmont Family Dentistry strives to provide our patients with the best dental care at reasonable rates. In an effort to do so, we will continuously manage our all available resources by instituting these Appointment and Financial Polices with our patients.

Please review our Appointment and Financial Policies carefully and fill out the appropriate information. A copy of this information is available online at www.piedmontdental.com; or upon request from the Front Office Coordinator.

APPOINTMENT POLICY

DEFINITION OF "NO-SHOW": A "No-show" is a patient who:

- o Does not show up for their scheduled appointment.
- o Cancels or reschedules their appointment with less than 24 hours notice.

A. OUR RESPONSIBILITY TO OUR PATIENTS:

- o For your convenience, we will call with an appointment reminder **at least 2 days prior to your scheduled appointment.**
- o We will **not** charge patients a missed appointment fee.

- o The best way to contact you to is (check one): Home Work Mobile Email

B. OUR PATIENTS' RESPONSIBILITY:

- o We require a **minimum of 24 hours notice** to reschedule an appointment.
- o We allow for **one (1) No-Show** within a **12 month period.**
- o Upon the second No-Show within a 12 month period, **we will discontinue seeing the patient.** We will forward their records to the dental provider of their choice, upon request.

I certify by my signature that I have read the above Appointment Policy and will comply.

Signature

____/____/_____
Date

FINANCIAL POLICY

GENERAL

- o Our patients should provide current insurance information at each office visit, or upon request
- o Piedmont Family Dentistry is a fee-for-service facility. As such, payment is expected when services are rendered.
- o Unpaid balances will be paid **within 45 days** of office visit.
- o All balances **older than 90 days** will be **turned over to a collection agency** for payment and/or legal action.

PAYMENT OPTIONS

- o For your convenience we accept **Visa, MasterCard, Discover and American Express.** We also accept payment from **Employee Flex Accounts.**
- o We have teamed up with **Capital One's HealthCare Finance** plan to offer an affordable way to achieve their optimal treatment goals. For more information, ask to speak with our Financial Coordinator; visit www.piedmontdental.com and click on "Payment Options".
- o There will be a **\$25.00 return fee charge for all returned checks.** After that, we will no longer be able to accept checks as an acceptable form of payment.
- o We offer a **5% discount for payment in full on treatment plans totaling \$500.00.** This discount does not apply to insurance co-payments or office visit fees.

INSURANCE

- o For your convenience **we accept various forms of dental insurance** and we will, at no extra charge, file your claim on your behalf.
- o All treatment payment plans involving your insurance company is **only an estimate and not a guarantee of coverage.**
- o Any charges not covered under an insurance plan will be patient's responsibility. We will assist where possible; however **we will not pursue collection from your insurance company, or any third party, on your behalf.**
- o We **do not accept secondary insurance coverage.**
- o **Emergency patients** who are not of record **shall pay for services when they are rendered.** We will assist in providing the necessary information you may need to file a claim with your insurance company.

**PAYMENT
PLANS**

- We do offer reasonable payment plans. For these options, **payment is due as defined in the payment plan** and payment in full will coincide with completion of treatment.

I certify by my signature that I have read the above Financial Agreement and will comply.

Signature

____/____/_____
Date