

## Our Office Policy

Thank you for choosing us as your dental provider. It is our goal to provide the best care possible to our patients, and to accomplish this we cannot allow insurance company or your dental benefits to become a determining factor in our diagnosis. Your treatment is based on your individual needs. ***Please thoroughly read our office policies below. Failing to understand our policies can lead to future disappointments or misunderstandings.***

### ***Our Financial Policy***

Payments for services are due in full on the day of your appointment unless other arrangements have been made in advance. We accept *cash, check, credit cards, and CareCredit*. There is a late fee charge of \$35.00/month applied to all patient portions that are not paid within 30 days of the date of service.

### ***Missed Appointments***

While we very much value our patients, failed appointments are costly to the office, and affect the cost of everyone's dental care. In order to avoid a cancellation fee of **\$100**, we do require **telephone** notification of a cancellation at least 48 hours prior to your scheduled appointment directly with a member of our staff. Cancelling via email is **not** acceptable due to the unreliability of the message reaching the appropriate person in a timely manner.

### ***Dental Insurance***

The term "dental insurance" is misleading, and should be referred to as a "dental supplement". Dental benefits are not intended to pay for everything, but to assist by paying a portion of each procedure up to a set yearly maximum. Your benefits are established by the plan your employer has purchased, and can change without notifying you. Insurance companies will never notify us of any changes so if you become aware of any changes to your plan it will be your responsibility to notify our office of those changes. Having a thorough understanding of your dental insurance benefits is your responsibility. We are happy to assist you in maximizing your benefits, but it's impossible for us to be aware of the many changes that can take place with the numerous insurance plans we are exposed to.

As a courtesy we will submit your claims to your dental carrier, and accept assignment of benefits. If your insurance carrier is one that doesn't allow the assignment of benefits to us other options are available. **Estimated** copayments are due when services are rendered, and we'll submit your claim to your carrier for the remaining portion. We can't guarantee any **estimate** we provide you, and you will be financially responsible for any portions your insurance company doesn't pay. Although we do our best to provide as accurate **estimates**, we cannot accept responsibility for any denials, or reduced reimbursement by your carrier. **If your insurance company fails to pay a claim within 60 days of the procedure date you will be responsible for that balance.** We value you, your family as patients, and we strive to do our best in accurately estimating your copayment responsibilities.

**I have read the above information and understand I am responsible for fully understanding all aspects of my dental benefits, and that I am responsible for all charges not covered by my plan. I also give permission for the office of Dr. Dailley to contact me via cell phone about my account or any dental insurance matters.**

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Signature of Patient, Parent, or Guardian

Date