Straits Area Dental Office Policies

Initial

Payment of Services

While we file your insurance claims for you, insurance itself is only a method of reimbursing the patient for the fees charged. **Your co-payment, or portion of the fees not covered by your dental plan, is expected to be paid at the time the services are rendered.** For patients without insurance, full payment for services are expected at the time of the appointment. **Our only payment plan is Care Credit.** We accept cash, checks, Visa, Mastercard, American Express, Discover and Care Credit. _____

Insurance Benefits

It is your responsibility as the policyholder, to understand the characteristics of your insurance plan. There many types of insurance policies and we cannot be sure of all benefits offered to you by your plan. You should become familiar with your dental plan and provide accurate information to our Office. Any treatment cost denied by your insurance will be your responsibility. _____

Cancelled/Missed Appointments

When cancelling an appointment, we require at least 24 hours notice. This allows us to re-appoint another patient to this time to assure all of our patients receive the best possible care. **If you miss or cancel any appointment in our office without 24 hours notice, your account will be charged $50 for every 30 minutes that you were scheduled.** We do understand that unpredicted circumstances arise and request you contact our office asap for special consideration and exception to this rule. _____

Clinical Services

If you would like any copies made of any type of document, you will be charged $_.50___ per page. If you would like anything faxed, you will be charged $_1.00_ per page. _____

Release of X-Rays

If you choose to transfer to another dental office, a signed record release form is **required** from your new dental office. _____

Discontinuing Treatment

If you or Dr. LaTocha decide to discontinue treatment and there are any lab fees associated with your treatment, you will be liable to pay all of the lab fees. Examples of this include crowns and bridges, dentures, orthodontics. _____

I have read and understand the above statement and agree to comply with the policies of this office.

Signature:_____ Date:_____