



Dental Practice and Financial Policy

The following is a statement of our office policies, which we require that you read, agree to, and sign prior to treatment.

Appointment Policies

At Sun Family Dental, we understand that your time is very valuable. We are constantly striving to make your experience here more pleasant than any other place you have previously been. Accommodating every patient's individual needs and work schedule can be challenging. We make every effort to stay on time so that our patients will not wait unnecessarily. Your appointment is a commitment of time between you and our office. The doctor, staff, chair and equipment have been reserved especially for you. We ask that you make every effort to keep that commitment.

- **We provide a courtesy reminder call two weeks AND 48 hours prior to your appointment.** If you find that you cannot keep your appointment, we do require a minimum of 2 business days' notice so that we are able to assist other patients with their dental needs. If our office is not notified within the 2 business days, you will be subject to a \$50 late cancellation fee.
- If you are more than 15 minutes late, we may reschedule your appointment to allow the doctor and hygienist to maintain their schedules.

New patient appointments consist of an oral cancer screening, comprehensive exam, periodontal screening, necessary x-rays (to be determined by the doctor), and a presentation of a detailed treatment plan. Cleanings are done if time permits and depends on the condition of periodontal tissues (gums).

Our office does not alter treatment plans to accommodate insurance allowances.

Photo Release: We may choose to take pictures of your teeth to use for professional review, publications and promotion if necessary. These images are of teeth for the most part and we ask for your permission for unrestricted use. (Additional consent for full face photos will be obtained at the time).

Financial Policies

We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. As a courtesy to you we will help you process all your insurance claims. Payment to our office is not contingent or dependent upon your insurance company. Fees quoted are an estimate based on the information provided by you and your insurance company and are subject to change. In the event that your carrier has not paid their estimated portion within 60 (sixty) days after the date of service, any and all unpaid balance becomes the responsibility of the patient as does following up with the insurance company to obtain proper reimbursement.

It is also your responsibility to inform our office of any changes in carrier or coverage.

We ask that you pay the deductible and co-payment, which is the estimated amount not covered by your insurance company, at the time we provide the service to you. In an effort to make payment for your care more convenient, we accept Visa, Mastercard, Discover, and American Express as well as personal checks and cash. We also accept Care Credit. If you are interested in learning more about Care Credit, please ask our Patient Coordinator.

All accounts that have a balance of more than \$5.00 and are over 30 (thirty) days old will incur a \$10.00 late fee that will accrue each month that the balance remains. We reserve the right to submit your personal information to any agency deemed necessary to collect the balance that is due. If this account must be turned over to collections, you would be responsible for all collection fees charged by the agency in addition to the outstanding balance on your account.

All returned checks and credit card charge-backs will incur a charge of \$35.00 or 5% of the face amount, whichever is greater. This includes checks that have had a stop payment placed on them.

By signing, you agree to all conditions herein and as well as the financial stipulations above.