

## PATIENT INFORMATION UPDATED

Initial

It is the patient's responsibility to notify our office of any changes in address, phone number, insurance, etc. Please notify our office as these changes occur. If your medical history has changed in any way, such as a change in medication or general health condition, be sure to tell the clinical staff at your next visit.

## EMERGENCIES

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If you feel you have a dental emergency, please call us as soon as possible. Our front office staff will schedule you an emergency appointment as available. If a time is not available, we will return your call after consulting with Dr. Davis. True dental emergencies require immediate attention and will be given priority.

## MINOR PATIENTS

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The adults accompanying a minor, and the parents (or guardian of the minor), are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved Visa/MasterCard, or payment by cash or check at time of service has been verified. Except in rare situations, **please do not accompany children to the operatories**. We will communicate effectively with parents before and after treatment is performed.

## REGARDING INSURANCE

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Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. We bill for our services according to nationally recognized coding standards. For compliance purposes, we do this without regard to a patient's insurance coverage and we will not alter charges or diagnoses in order for services to be covered or paid by a patient's insurance plan as this would be considered fraud.

It is your responsibility to be aware of your insurance policy provisions. Co-pays, co-insurance, and deductibles are a part of your contractual agreement with your insurance company. It is our responsibility and requirement as a participating provider to collect these fees at time of service.

**You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.**

As a courtesy, we do accept assignment of insurance benefits if you provide us with adequate information and we are able to verify your coverage. **However, we do require all deductibles and co-pays to be paid at time of service. The balance is your responsibility whether your insurance pays or not.** Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. **If your insurance company has not paid your account in full within 45 days, the balance will be your responsibility.** Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your dental plan. At present, Dr. Davis is a participating provider with Aetna, Delta, Ameritas & most Cigna Dental plans.

## **BROKEN APPOINTMENTS**

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Our office policy is such that if a patient does not keep a scheduled appointment without 24 hours prior notification to our office, there will be a \$100 fee payable upon the next office visit. If a patient cancels two or more consecutive visits or establishes a history of "no-shows", Dr. Davis may choose to dismiss the patient from the practice, affording them the option of emergency treatment only for 30 days beyond the dismissal date.

## **PARTICIPATING INSURANCE COMPANIES**

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Our office is aware of dozens of insurance companies that utilize third party contracts with insurance companies with which we participate directly. These contracts allow a non-participating insurance company to utilize an agreed fee schedule for patients with a participating office, such as ours. These contracts are strictly between those parties and our office is not privy to their participation agreements. As such, we are not aware when these contracts are altered. If, at any time. Their agreement is terminated, alters or adjusted; the office of Dr. Cherryl Davis is not responsible for any changes in fee adjustments due the these changes.

## **SEEKING TREATMENT ELSEWHERE**

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If a patient seeks dental treatment at another dental office **WITHOUT** a referral from Cherryl A. Davis, DDS, PA, you will no longer be a patient of record. We will respectfully provide your most recent x-rays to your new dental office, upon your request.

## FINANCIAL ARRANGEMENTS

All patients will be told the fee for services before scheduling appointments. We offer the following payment options:

**Cash in advance:** Patients will be given a 5% administrative discount when paying at the first visit for treatment plans over \$500 with cash.

**Pay per visit:** Patient pays for the visit in full at each appointment.

**Care Credit:** Payments made with Care Credit - no discounts available.

**Patients 65 years and older will receive a 10% discount of their patient portion when paying in full at the time of service. (If payment for services is made with Care Credit no discounts apply)**

## **PAST DUE ACCOUNTS**

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For accounts that have past due balances, interest will be added to these accounts at a rate of 18% per year.

**\*PLEASE NOTE: THERE IS A \$30 FEE FOR RETURNED CHECKS\***

Thank you for understanding our policies. Please let us know if you have questions or concerns. I have read and agree to these policies.

Name of Patient(s) for which you are Financially Responsible:

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Responsible Party)