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Family and Cosmetic Dentistry

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FINANCIAL AND MISSED APPOINTMENT POLICY LETTER

In order to enhance communication and promote understanding regarding this office's financial and missed appointment policy, please read through the following information. After reading, please provide your signature at the bottom indicating that you fully understand these policies. This form must be signed in order to proceed with your scheduled appointment. If you have any questions please speak to the office manager. Thank you.

INSURANCE

We are happy to bill both your primary and secondary insurance carriers as a courtesy to our patients. Please understand that each patient is ultimately responsible for the cost of services rendered. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to the contract. Our financial relationship is with you, not your insurance company.

- All charges are your responsibility whether your insurance company pays or not. Not all services are covered benefits in all contracts.
- Any deductible or estimated co-payment amount will be due at the time of treatment.
- Emergency clients, new to our practice, should expect to make payment at the time of service. Once established as an active patient, we will be happy to discuss payment options.
- If the insurance company does not pay your balance in full within 30 days, we will ask that you contact the carrier to help speed up the process.
- If the insurance company does not pay in full within 60 days, we will require that you pay the balance with cash, check, charge, or your CareCredit card.
- We will do our best to estimate insurance coverage and patient portions due. We will send pre-estimates for services over \$300 at your request. If the insurance company does not pay the full amount anticipated, the patient is responsible for the difference. Payment is expected within 10 days of statement.

I DO NOT have insurance:

1. I would like to pay by cash, check, or credit card at time of service. X _____
2. I would like to apply for an extended payment plan for treatment through CareCredit. X _____

I DO have dental insurance:

1. I would like to pay my estimated portion by cash, check, or credit card at time of service. X _____
2. I would like to apply for an extended payment plan for treatment through CareCredit. X _____

PATIENT PAYMENT

Payment is due at the time services are rendered. For larger cases, 50% of the patient portion is due at the start of treatment, including any deductible and the remaining 50% at the last appointment. You may pay the balance with cash, check, charge, or your CareCredit card. Returned checks will have an additional \$35.00 added to the amount of the returned check. Balances over 60 days will incur an interest charge of 1.5% per month

DELINQUENT ACCOUNT

Patients whose account balances are older than 90 days are considered delinquent and will be sent to the collection agency.

- Balances over 90 days will have an additional \$5.00 rebilling fee per statement charged
- I the undersigned, accept the collection fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection fees, (30-50%), attorney fees and/or costs, if such be necessary.
- Patient will be considered inactive and no appointments will be scheduled until account is paid in full including all collection fees.

CREDITS ON ACCOUNT

If an insurance company pays more than anticipated creating a credit for the patient, we are happy to either refund the patient or leave a credit on the account to be applied toward future treatment.

NO SHOW/MISSED APPOINTMENT

We request notice of 48 hours for cancellations of appointments. If appropriate notice is not given, a charge of \$50 may be assessed to the patient’s account. For appointments longer than one hour, the charge will increase. We understand that sometimes last minute cancellations are unavoidable. Individual circumstances may be discussed with the office manager.

Patient Name

Patient Signature

Date

Guarantor Name

Guarantor Signature

Date