

# Sasha Davisson DMD Welcomes you

This letter is to acquaint our new patients with our general office policies to help avoid any misunderstandings.

Our responsibilities are to you as our patient. We practice preventive dentistry and stress the importance of regular care to help you in your goal to achieve and maintain excellent dental health.

## **Insurance Patients:**

If you have dental insurance, please provide the information in order for us to file your claims for you. We will file insurance claims as a *courtesy* to our patients. Remember that your insurance contract is between you and your insurer. It is your responsibility to be aware of insurance available for each treatment, any specific clauses stated in your policy, any deductibles and waiting periods. Insured patients should be prepared to pay their co-pay and /or deductibles at the time of service. If your insurance company pays only part of your bill or rejects your claim, you are financially responsible for the balance and the balance will be due upon receipt of your statement. It is also your responsibility to make sure that we are a listed provider with your insurance company.

## **Patient with no insurance:**

Patients with no insurance are required to pay for their treatment in full at the time of service, unless other prior arrangements are made.

## **Payment:**

We honor Visa, MasterCard, Care Credit, cash and personal checks with proper identification. Checks written with insufficient amounts will have accounts billed \$ 30.00 for each bad check written. If a balance remains after your insurance carrier pays the office will contact you for payment. If a credit balance occurs under \$ 50.00, they will not be returned without a written request after 3 years.

## **Delinquent Accounts:**

Any fees, such as Attorney's fees, Collection Agency Fees, and Court Cost incurred as a result of overdue accounts will be the patient's complete financial responsibility.

We try to see our patients as promptly as possible. However, there are times when emergencies and/or surgeries that may arise causing unavoidable delays.

We understand that unexpected circumstances may arise where you may miss a scheduled appointment. We ask that our patients please give us at least 2 business days' notice when canceling an appointment. Repeated failure to do so will result in a "will call" appointment only.

Our goal is to make your appointment as comfortable, safe and pleasant as possible. If you should have any questions or suggestions, please feel free to discuss them with our doctor and staff.

"I have read or have had read to me and understand my responsibilities listed in the above policies".

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Patient's Signature

Date