

# Hutto Premier Dentistry



Welcome!

Thank you for entrusting us with your oral health care. In order to enhance communication and promote understanding regarding this office's financial policies, please read over the following information. **By providing your signature, this indicates that you have read, fully understand, and fully agree to our policies.** *This form must be signed to proceed with your appointment.*

**Insurance:** Our office is committed to helping you maximize your insurance policy. We currently serve as in-network providers for Delta Dental Premier, Connection Dental and Humana. We will gladly file any other insurance plan as an **out-of-network provider**. Because insurance policies vary greatly, **we can only ESTIMATE your coverage** in good faith and cannot guarantee coverage due to the complexities of insurance contracts. As our fees may exceed that which your insurance company covers for our services, your estimated portion must be paid at the time of service. **If your insurance company pays less than the estimate, or if for any reason denies payment on the claim, you are still responsible for the remaining balance.** We do not file secondary dental insurance or medical insurance.

**Patient Payment:** We accept cash, Master Card, Visa, American Express, Discover Card, and local checks. We do not accept post-dated checks. If needed, we will gladly assist you in obtaining third party financing through our partnerships with CareCredit and Chase Health Advance. Through this partnership we can offer convenient monthly payment options, no up-front costs, no prepayment penalties and no annual fees.

**Rebilling:** A \$25 rebilling fee may be assessed to your account should payment not be arranged after the first billing cycle. *After the second billing cycle (60 days) in which payment on your account is not arranged, it will be turned over to our collections attorney. In addition to the amount owed, you will also be responsible for any collection and/or legal fees associated with collecting the balance due.*

**Returned Check Fee:** A \$50 returned check fee will be assessed to all returned checks, and no future checks can be received as payment.

**Broken Appointments:** A specific amount of time is reserved just for you with your doctor or hygienist. If you must change your appointment, we require at least 48 hours notice to avoid a \$25 per half-hour cancellation fee that may be assessed to your account.

We welcome you to our family and look forward to helping you establish and maintain a healthy, beautiful smile. If there is anything we can do to make your visit here more pleasant, please don't hesitate to ask one of our team members.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_