Hutto Premier Dentistry

Welcome!

Thank you for entrusting us with your dental care. In order to enhance communication and promote understanding of our 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 insurance benefits. We currently serve as "in-network", and "out-of-network" providers for several insurance plans. 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. **If your insurance company pays less than the estimate, or if for any reason denies payment on your claim, you are still responsible for the remaining balance**. We do not file secondary dental insurance or medical insurance.

Patient Payment: *We are a zero-balance office*. **This means the estimated payment due for your dental care must be paid in advance, or on the day of your treatment.** We accept cash, credit, debit, and local checks. We do not accept post-dated checks. If needed, we will gladly assist you in obtaining third party financing through our partnership with CareCredit.

Identification: In order for us to file insurance claims on your behalf, you MUST provide your driver's license and social security number. We also require this information if you use CareCredit or in-house financing. *If you are not comfortable providing us with this information, we are happy to treat you; however, you will need to pay in-full for your dental care and file your own insurance claim.*

Mutual Respect: We have an amazing team at Hutto Premier Dentistry that treats all patients with respect, kindness, and grace. *We expect the same in-return*. Any patient who chooses to belittle a team member, use profanity towards them, or shout at them will be asked to leave our premises and dismissed as a patient from our practice.

Rebilling: A $25 rebilling fee will be assessed to your account should payment not be arranged after the first billing cycle. *After the second billing cycle in which payment on your account is not arranged, it will be turned over to a collections agency, which may result in additional fees.*

Returned Check Fee: A $50 returned check fee will be assessed on all returned checks, and no future checks will 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. Thank you!

Printed Name	Signature	Date

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