



# High Country Dental

## Office Policy

Thank you for choosing us for your dental needs. We are committed to providing you with excellent dental care and informing you of our office and financial policies is part of successful treatment.

### Initial Visit

Unless you have a dental emergency, your first appointment will include a thorough examination, including appropriate x-rays. A summary of services to be rendered and an estimate cost of the completed treatment will be given to you prior to the start of any dental treatment. For safety reasons, we ask that only the patient be allowed in the operatory while work is being completed. Parents will be asked to come back for exams on children.

### Financial Policy

We will do our best to verify your insurance eligibility and give you an estimate of benefits at the time of service. However, a quotation of eligibility and general benefits from your insurance company does not guarantee payment. **Please provide us with any insurance information or insurance changes prior to any scheduled appointments.** All co-pays and other balances are due at the time of service. You are responsible for paying all charges not covered by your insurance company including all fees considered above your insurance company's "usual and customary" fee schedule. Please remember your dental insurance is a contract between you and your insurance company/employer. As a health care provider we are not party to that agreement. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the dentist. After your insurance company has processed your claim, if there is any balance due from you, such as deductible or coinsurance, we will send you a statement. Balance is due upon receipt of the statement. Any account that is past due 60 days is charged a 1.5% service charge. We are unable to carry any account balance past 90 days. Should this office be required to employ a collection service to collect delinquent accounts; you agree to pay finance charges, collection cost, attorney fees, and any other cost that may be incurred to enforce collection of any amount outstanding. Once the account has been sent to collections, we no longer have control of the account and can no longer discuss details of your account with you. A \$25.00 fee will be charged for returned checks.

### Children

We are happy to treat children of any age. We recommend that a child have his/her first dental examination between his/her third and fourth birthdays. It is possible that your child may be referred to a pediatric dentist if we are unable to treat him/her at our office. Children must be accompanied by an adult at all times while in the reception area. Please accompany all children (up to the age of 18) for their initial dental visit, as your consent is needed before any treatment can begin. **The parent or guardian who brings the child for the visit is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parties. We can NOT intervene.**

### Appointments

A fee of \$ 80.00 will be charged to any patient who fails to give us 24 hours' notice (one full business day) or fails to show for an appointment. If you have a Monday appointment, please notify us by the previous Thursday to avoid a missed appointment fee. (An exception to this is illness; you may contact us **first thing** the morning of your appointment). Once an appointment has been made, please remember this time has been reserved specifically for you.

I have read and understand these policies:

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Signature of Patient (Or Guardian)

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Print Name

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Date

7/12