

To all new patients:

Please read, sign and return original form to front desk. We will be happy to make a copy for your records.

As a patient (or guardian of/guarantor for a patient) of Brookway Dental, by signing this document, I acknowledge that I am aware of the following policies and agree to pay Dr. W. Don Doty/Brookway Dental for dental treatment accordingly.

PAYMENT POLICY

Our practice accepts: cash, personal/company checks, money orders, electronic ACH bank drafts/e-checks,

    & checks/major credit cards by phone. Also,   financing.

...for patients *without insurance*:

- ◆ Treatment plan estimates are available upon request to help patients prepare for the cost of procedures.
- ◆ Patients should be prepared to **pay in full** for dental treatment **at the time of service**.

...for patients *WITH dental insurance*:

As a courtesy to our patients, we will file a claim with patients' dental insurance carrier(s) of record for each procedure performed; estimates of insurance benefits for any such procedure/treatment may be calculated either by computer or manually by our staff. We ask that our patients (or guarantors/responsible parties) honor the following policies:

- ◆ Each patient should be prepared to **pay** his/her **estimated portion** (including deductible, if applicable) for each visit **at the time services are rendered; failure to make required payment will delay fabrication of crowns, etc.**
- ◆ To avoid embarrassment and/or confusion, parents who do not accompany their child(ren) to appointments should send (estimated) payment with the child(ren) or contact our office beforehand to make other arrangements.
- ◆ **Patients/Guarantors are responsible for any balance remaining after insurance carrier has paid its portion.**
- ◆ We will provide supporting documentation required, but patients undergoing procedures/treatment covered by MEDICAL insurance benefits (rather than dental) will have to file their own claims.

Please be aware:

- ☛ Insurance coverage is **NOT a guarantee of payment**; Patients may be asked to pay the entire treatment charge if their insurance carrier does not pay within 45 days of date of service.
- ☛ Insurance carriers pay out based on the figure they "allow," not necessarily the actual charge, for a given procedure.
- ☛ Brookway Dental is a
 - ✓ Network provider for Assurant;
 - ∅ NOT a network provider for any other insurance carrier.

COSMETIC DENTISTRY: We offer a number of different ways to improve your smile. If you are interested in a cosmetic procedure, please let us know, keeping in mind that insurance pays for cosmetic dentistry **only** in rare cases.

SEDATION APPOINTMENTS: Prepayment of 20% (or minimum of \$600) is required at least 48 hours (2 working days) prior to the appointment to hold the time slot. Prepayment is refundable (or applicable to rescheduled appointment) until 48 hours (2 working days) before appointment. Balance of treatment charges is due on the day of treatment.

MISSED APPOINTMENTS POLICY: As a courtesy/reminder, we attempt to contact patients at least 24 hours prior to their appointments. To better serve all our patients, we reserve the right to:

- ◆ ...charge up to **\$50** for each 1-hour non-sedation appointment **cancelled/ rescheduled with less than 24-hours' notice (after having been confirmed)**; **\$100** for non-sedation appointments for which more than 1 hour is reserved. Cancellation charge will be doubled on the 2nd offence, and "in good standing" status will be jeopardized.
- ◆ ...reschedule appointments that are not confirmed after multiple contact attempts. Slots may be re-assigned to other patients if we have not received a response from the original patient when/if another patient needs that time slot.

PAST DUE ACCOUNT POLICY:

- ◆ Balances outstanding more than 30 days after completion of procedure/treatment are subject to service charge of 1.5% per month (18% per annum). Payment plans at reduced rates may be arranged if necessary.
- ◆ Patients' failure to pay according to agreed terms will result in termination of any and all further treatment and may lead to legal collection proceedings. In such case, Guarantor specifically agrees to pay any collection fees or court costs incurred by Brookway Dental.

Patient's name (PRINTED)

Adult patient or Guarantor's signature