Pierz Family Dentistry

OFFICE & FINANCIAL POLICIES

Our policy REQUIRES payment in full at the time of service.

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in full by cash or credit card at the time services are performed unless other arrangements are made.

If you have dental insurance coverage, we will file your claim electronically as a courtesy**.** There are thousands of insurance companies and it is impossible for us to be familiar with all of the individual plans and how they reimburse. We will do our best to estimate your portion. **IT IS YOUR RESPONSIBILITY TO INFORM US OF YOUR CURRENT DENTAL POLICY AND ANY CHANGES IN COVERAGE.** Your policy is a contract between you and your insurance company. We, Pierz Family Dentistry, are not a party to this contract!

If you have dental insurance, please understand that all dental services are charged directly to you and therefore you are personally responsible for payment of all your dental services. This dental office cannot render services on the assumption that our charges will be paid by your dental insurance company. If you cannot provide us with proof of insurance, you will be expected to pay in full at the time of services rendered.

It is your responsibility to understand insurance benefits and your responsibility for co-payments, co-insurance, and any deductible amounts for services you receive. If you have questions on your insurance benefits coverage, you call the Member Services Department listed on your insurance cared regarding your coverage.

There are several patient responsibility components that may apply to an insurance payment.

- Deductible- a set annual amount that the patient is responsible for paying prior to their insurance making a payment. It is your responsibility to know if Pierz Family Dentistry is an IN network or OUT of network provider under your insurance plan/coverage; there are normally separate deductibles for IN vs. OUT of network clinic, and they do not combine.
- Co-Pay- a set dollar amount per office visit that is the patient's responsibility. You are required to pay your office visit co-pay when you check in for your appointment.
- Co-Insurance-A percentage of the charge that is the patient's responsibility.

Payment is due at the time of treatment for any services rendered. To assist you with your payment, our office accepts cash, check, Care Credit, Mastercard, Visa, and Discover.

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• We allow and encourage pre-payment (layaway plan) for dental treatment.

• Financing may also be arranged through Care Credit

• Personal checks are accepted with proper identification (Driver's license or Photo ID). A $40 overdraft charge will be posted to your account for each insufficient check.

A service charge of 1.5% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied.
If your account balance becomes 90 days past due, your account may be handed over to a collection agency. You will be responsible for all costs of the collection process, as well as your portion of the dental services.

Any fee estimate for dental treatment can only be extended for a period of 90 days from the date of the proposed treatment plan.

The responsible party for children is the parent or guardian who brings the child to our office. In cases of separation, divorce, and single parents we will be happy to provide a receipt for you to give to the other parent, but we cannot be in the middle of these situations.

Appointment Policies

If you arrive at our office more than 10 minutes after your scheduled appointment time, you may be asked to reschedule that appointment.

We have reserved a specific time to spend with you. It is important to be on time for your visit so we can provide the best dental care possible to you during your appointment.

Our office requires a minimum of 24-hours cancellation notice for any scheduled appointment. Advance notice of a cancellation allows us to provide other patients with their dental care needs in an efficient and timely manner.

Failure to Show for Appointment

If any patient fails to show for one scheduled appointment, the patient will be given a second attempt to reschedule an appointment. If the second scheduled appointment is not kept, there will be a $60 fee. If the patient fails a third appointment patient will be dismissed from the practice.

Any NEW PATIENT that has a scheduled appointment in our office that fails to show or cancels without proper 24 hour notice for the initial appointment will NOT be rescheduled.

Definition of a Failed Appointment:
Any scheduled appointment for which the patient does not show up or fails to notify the office within 24 hours of a scheduled appointment.

Consent for Services
We are committed to providing you and your family with the best possible dental care. A clear understanding of our office policies is important to a professional relationship. Please ask if you have any questions regarding these policies, our fees or your responsibilities.

I grant my permission to you or your assignee, to telephone me or my insurance company (if applicable) to discuss my statement or my treatment.

I acknowledge that I have read the above policies, have had any questions fully answered, and agree to policy content. I give consent for routine dental procedures and diagnostic tests, including x-rays that are deemed necessary in the dentist's professional judgment. **I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS REGARDLESS OF WHAT MY INSURANCE CARRIER MAY OR MAY NOT PAY.**

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Name Date

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Signature Date