

Financial and Missed Appointment Policies

In order to enhance communication and promote understanding regarding Barnes Dental Care's financial and missed appointment policy, please read through the following information. After reading, please provide your signature at the bottom indicating that you fully understand these policies. This form must be signed in order to proceed with any scheduled appointments. If you have any questions or concerns, please speak to one of the front office staff and they will be happy to help you. Thank you.

INSURANCE AND PATIENT PAYMENT: We are happy to bill any primary and/or secondary insurance carriers as a courtesy to our patients. Please understand that each patient is ultimately responsible for the cost of services rendered. Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our financial relationship is with you, not your insurance company.

- We do our best to educate you about your insurance. We do everything we can to ESTIMATE what your insurance company may or may not pay on a given procedure. Not all services are covered benefits in all contracts.
- Deductibles, co-pays, write-offs and denials by insurance carriers will affect the amount of money you owe for each procedure processed.
- Copay's will be collected at the time of appointment when possible. If a patient's insurance company does not pay a balance on their account, that balance is due in full and the responsibility of the patient or responsible party on the account.
- ***Payment is expected at the time service is rendered.*** For multiple appointment services involving lab fees, 50% of payment will be collected at the time the procedure is started and 50% on the day the service is finished. We accept cash, personal check, Mastercard, Visa and Discover. We accept and will help you apply for Care Credit if you wish to have a long-term payment plan.
- There will be a \$35 charge from our bank for any checks returned for insufficient funds. This charge will be passed on to the patient's account.

NO SHOW/MISSED APPOINTMENTS: We understand everyone has a busy schedule and emergencies occur. We request a notice of 48 hours for cancellation of appointments. If we do not receive notice of cancellation of an appointment, a fee of \$25 may be added to your account. With the hope of creating an efficient practice for ALL patients in this dental practice, more than 2 missed appointments, ***PER FAMILY***, without notice is grounds for dismissal from the practice.

DATE: _____ PATIENT NAME _____

PATIENT SIGNATURE: _____

(IF PATIENT IS A MINOR) GUARDIAN SIGNATURE: _____