



FINANCIAL POLICIES

We are dedicated to providing you the highest quality dental care and personal service. Providing our patients this level of customer service requires some financial and insurance policies. It is very important that you read carefully and understand each of the following statements.

INSURANCE

As a courtesy and convenience to our patients we are happy to assist in filing your insurance claims. However, your insurance is a contract between you, your employer and the insurance company. Longwood Dental Group is not a party to this contract. Therefore, all charges are your responsibility. Our office will submit your dental claims to your first and if applicable your secondary insurances as a courtesy. It is your responsibility to provide us with your current insurance information, understand your benefits, monitor what has been paid to our office and be aware the balance remaining in your insurance benefits.

CHARGES

We require all deductibles and co-payments be paid at time of service. We have no control over what your insurance company will or will not pay. We will estimate your dental treatment to the best of our ability. However, all charges for treatment are ultimately the patient's responsibility. Please be advised: if your account becomes *90 days delinquent, the account will automatically be sent to a collections agency and a 50% service fee assessed.

* excludes payment plans in compliance, extending beyond 90 days

APPOINTMENTS

We require confirmations of all appointments. You may choose the method of confirmation most convenient (email / phone / text).

We require 48 hour notice (2 business days) to cancel or reschedule an appointment. All cancellations must be received by phone. Please be advised, there may be a charge up to \$100.per hour of the doctor or hygiene time for appointment cancelled without 2 business day notice.

I grant permission to the staff of Longwood Dental Group to contact me by phone at home, work or on my cell to discuss matters related to the above. I have read, understand and agree to the above statements.

(minors must have signature of parent or guardian before being seen)

SIGNATURE _____ DATE _____