

Atlantic Dentistry
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OFFICE POLICY AND CONSENT FORM

Please remember that we are here to serve you in a comfortable and professional atmosphere. We strive to maintain open communications about all areas of our practice

FEES:

FEES FOR SERVICE AT OUR OFFICE WILL BE REQUESTED AT THE TIME OF YOUR VISIT. For treatment involving fees above \$1000.00, special financial arrangements may be discussed with our financial coordinator.

As a courtesy to our patients, we work with several third party financing companies that may afford you the opportunity to make monthly payments for your fees. Some applications result in qualifying for payment plans that are interest free. Please inquire if you are interested in applying.

Please note for your convenience, we accept Visa, MasterCard, Discover, and American Express as well as checks and cash. If a check is returned for any reason, there is a \$25.00 NC worthless check charge and a \$10.00 bank charge added to your account.

We realize that many families are in a state of change. The policy in our office is that the parent who requests treatment for and accompanies the child to the office is responsible to us for all fees incurred.

We will be fair in working out special finances with you, but please also be fair to us with your commitments. A **1.5% finance charge** may be assessed monthly on all overdue balances.

INSURANCE:

We will file your claim for you at *no charge*; however, we ask that your deductibles and your estimated portions (20-100%) be paid as services are rendered. Although we gladly file dental insurance claims, and all fees not paid by insurance are ultimately your responsibility.

All insurance benefits are assigned to the Doctors, unless services are paid in full the day of treatment. There are a few insurance companies, *such as Delta Dental*, that pay the patient directly. If you are covered under one of these plans, we will ask for full payment at each date of service.

We do not file auto insurance or homeowner's insurance or send bills to any attorney for payment. We do not hold accounts for settlement of accident claims.

APPOINTMENTS:

Your appointment time is set aside especially for you. We ask for courtesy to the Doctors and to other patients that you keep your scheduled appointments. **If you must change or miss an appointment, we require a 48-hour notice.** This allows us an opportunity to provide this time for patients who have been waiting for an earlier appointment. Repeated cancellations or failures could result if a broken appointment charge or no reappointment.

CONSENT:

- I have read and understand all the above information. The undersigned hereby authorize the Doctors to perform those diagnostic and treatment procedures, including local anesthesia and sedation, deemed necessary.
- As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the costs incurred in their care and 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 cash at the time services are performed.
- Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patients insurance forms or assist in making collection from insurance companies and will credit any such collections to the patient's account. However, this dental office cannot render service on the assumption that our charges will be paid by an insurance company.
- I understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient examination.
- In consideration for the professional services rendered to me, or at my request by the Doctor, I agree to pay therefore the reasonable value of said services to said Doctor, or his/her assignee, at the time and said services are rendered, or within five (5) days of billing if credit shall be extended. I further agree that the reasonable value of said services shall be as billed unless objected to, by me, in writing, within the time for payment thereof. I further agree that a waiver of my breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney and collection fees if suit be instituted hereunder.
- I grant my permission to you or your assignee, to telephone me at home or at my work to discuss matters related to this form.

PRINT NAME

Sign (Patient, Parent or Guardian)

Date

For Our Patients With Dental Insurance...

As a courtesy to our patients we are happy to submit claims to your dental insurance company. Your dental benefits are dependent on the plan that you or your employer have selected and it is important that *you become an expert on your particular insurance plan benefits*, especially to the extent that it will be a factor in your treatment decisions.

Keep in mind that dental insurance is not like medical insurance and is meant to provide help with a portion of your preventive care, but is not always helpful with major reconstructive care, like treating or replacing unsightly, broken down or missing teeth. Can you imagine a medical plan with an annual maximum in benefits which would mean you could have heart surgery this year, but broken legs would have to wait for next year? This shows how different dental insurance is from medical insurance. You will always have an annual maximum benefit with your dental insurance.

Our goal as your dental team is to provide you with state-of-the-art, superior quality dentistry, in a caring and supportive environment. This means giving you personal attention and maintaining a high level of professionalism. Our recommendations to you will be made in this context. We will always advise what is best to restore you to optimal oral health. We will, in addition, be sensitive to your individual needs, whether it is your schedule or your budget.

Even the best dental benefits are a moving target, with coverage that can be different from year to year, and this coverage may not coincide with acceptable treatment for you. We are happy to help you make the most of your insurance coverage, but we will not provide sub-par treatment to satisfy the bottom line of your insurance company.

We ask that you...

- Take care of your portion of estimated fees and deductibles for your treatment on or before your appointment date.
- Make any decisions that are based on insurance limitations including yearly maximums, deductibles, waiting periods, etc.
- Update us when your insurance coverage changes.
- Pay any amount due after insurance has paid their portion.

We will...

- Submit your insurance claims to your insurance company.
- Provide necessary documentation to facilitate your claim, like x-rays.
- Be sensitive to your budget and help with creative financial options when necessary.
- Help you understand the process so everything goes smoothly for you.

Thank you for the opportunity to serve you. We consider it a privilege to be partners with you in your dental health, and look forward to a relationship that lasts many years. Please feel free to ask us any question you may have regarding your relationship with your insurance company.