

## Financial Policies

Blatchley Family Dentistry (BFD) is committed to providing exceptional service and treatment that addresses both your short and long-term oral health needs. Towards these goals, we would like to explain **YOUR** financial and scheduling responsibilities with our practice.

### 1. Clear, written estimate of your treatment cost

BFD will provide you with a comprehensive treatment plan based on your overall health. You will also receive a clear, detailed **estimate** of the cost of your plan, including your **estimate** insurance benefits. If you have questions regarding your insurance coverage, please contact your employer and/or insurance company.

### 2. Payment policy

**Patient responsibility is due when services are rendered.** We accept cash, personal checks, all major credit cards, most dental insurance plans and third party financing through Care Credit and Wells Fargo. Financial arrangements are discussed during the initial visit and a financial agreement is completed in advance of performing any treatment with our practice. There will be a \$25 fee added to your account for returned checks. There is a \$20 fee for copies or transfer of dental records.

### 3. Refund policy

You may cancel your treatment and request a refund of the treatment which was already paid for but **not** completed, after consultation with doctor. Note: Crown and bridge patients are responsible for the full cost of their treatment plan once preparation of your teeth has begun. Invisalign patients are responsible for the full cost of all laboratory costs and scan fees once fabrication of your aligners has begun. Refund request must be submitted in writing. Request can be dropped off at the office or submitted via e-mail to [info@blatchleyfamilydentistry.com](mailto:info@blatchleyfamilydentistry.com)

If approved, the refund will be in the form of check within 10 days from refund request. You will receive a letter indicating the refund amount. If you disagree with the amount refunded you have the right to submit an appeal in writing. Appeals will be responded to within 30 days.

### 4. Dental insurance

Your dental benefit is a contract between you and your employer and the dental benefit plan. Benefits and payments received are based on the terms of your contract negotiated between you or your employer and the plan. We are happy to process your insurance claims and help review dental benefit plans to understand and maximize your coverage.

**In Network:** If your dentist is a participating provider in your insurance network, you are responsible only for your portion of the approved fee as determined by your plan. We are required to collect the patient's portion (deductible, co-insurance, co-pay or any amount not covered by the dental benefit plan) in full at time of service. If our **estimate** of your portion is less than the amount determined by your plan, the amount billed to you will be adjusted to reflect this.

**Out of Network:** If your dentist is not participating or in-network provider with your insurance plan, we will honor your carrier's in network fee structure. If your insurance carrier will not accept your assignment of benefits to your dentist, you are responsible for the estimated insurance benefit.

**Insurance discounts:** Insurance companies often negotiate discounts for services provide to their plan members. If you exceeded your annual benefit limit the insurer's discounted rate may apply to additional services as a benefit to you.

### 5. Third party financing

BFD accepts payment from Care Credit and Wells Fargo, non-affiliated third party finance companies. Credit decision are the responsibility of these third-party finance companies. You may choose to pay all or a portion of your treatment using approved third-party financing products. \*Please note: If you elect to apply for third-party financing, administered through our practice, we are required by law to provide you with a Credit for Dental Services Notice.

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### 6. Patient communication

We'd like to keep in touch regarding your upcoming appointments, treatment plan and treatment status. By providing your email address, phone number, and mailing address you are giving BFD permission to contact you through one or all of these communication methods. Note that email and text messaging is not secure and there is a risk that they could be read by a third party. By sharing your email and/or mobile number with us you are acknowledging that you are aware of this risk and agree to receive this type of communication. BDF will limit the type of information in the messages. You can withdraw your consent at any time by unsubscribing to e-mail and/or text messages.

### 7. Scheduling of appointments

We reserve the doctor and hygienist's time on the schedule for each patient procedure and are diligent about being on time. Because of this courtesy, when you cancel an appointment, it affects the overall quality of services we are able to provide. **To maintain the utmost service and care, we do require 48-hour notice to reschedule appointment.** To serve all of our patients in a timely manner, we may need to reschedule your appointment if you are **15 minutes** late or more arriving to your appointment. To reschedule an appointment due to late arrival or cancellation, **a \$75 deposit may be required to reserve the appointment time again, if this happens more than 3 times.**

### Patient Authorizations

I understand that the information I have given today is correct to the best of my knowledge. I authorize this dental team to perform any necessary dental services that I may need and have consented to during diagnosis and treatment. I have read the above and agree to the financial and scheduling terms. I authorize the release of information necessary to process my dental insurance claims. I hereby authorize payment directly to this dentist otherwise payable to me.

Patient/Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_