# OFFICE POLICY

## Fees:

Payment for services is due at the time of office visit. Major appointments must be pre-paid in advance in order to reserve the appointment time. Payments may be made in person or on our secure online patient portal at www.smiledash.com. Payment options include cash, MasterCard, Visa, American Express, Discover, Lending Club, and Care Credit.

As a courtesy to our patients, we file all claims to the insurance company. The patient is expected to pay all charges not covered by the insurance at the date of service.

If the insurance does not pay a claim within 60 days, the patient will be responsible for charges and will be billed. You will have 45 days to take care of the claim or balance or an interest rate of 7%, per billing cycle, will be charged to your account.

Your dental insurance benefits were verified by our office according to information provided by you. The benefits quoted by your insurance company are just an estimate and are **NOT A GUARANTEE OF COVERAGE**. You will be responsible for any amount not covered.

_____ Please Initial.

Please be aware that some insurance companies downgrade the price of composite fillings to the amalgam price. Our office compensates for this by adjusting the percentages for restorative work.

## Missed Appointment Policy:

When you are scheduled, we do not "double book" and the appointment time is reserved just for you. **If an appointment cannot be kept, kindly give 2 business days notice so that another patient may have your appointment time. There will be a $50.00 charge if we are not notified of your missed/cancelled appointment.** If you are more than 15 min late to appt, we consider this a missed appointment and fee will be charged.

_____ Please Initial.

## X-ray Duplications:

Original x-rays are the property of MacArthur Park Dentistry. If copies are needed, there is a $25.00 charge for x-ray duplication. X-rays are sent to Baylor Imaging Center for duplication and is returned in 10 working days from the day of payment.

## Patient Information:

It is your responsibility to notify the office of any changes in regard to any changes in address, phone numbers, contact information, and insurance coverage. Insurance benefit information will not be updated unless requested by you.

……

**I HAVE READ AND ACCEPT THE OFFICEPOLICY. I ALSO UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES INCURRED FOR DENTISTRY PERFORMED UPON MYSELF IN THIS DENTAL PRACTICE.**

_____

Patient Signature Date