

LAKEVIEW FAMILY DENTAL LLC

Patient Office Policy

WELCOME YOUR LAST DENTAL HOME!

We appreciate the opportunity to provide you with **exceptional** dental care. The information listed is designed to answer many questions our patients may have, regarding our office. We want you to know about our policies and methods of practicing. The more you know, the more we can be of service. If there are any questions, please ask, since we do want to be of help. **Everyone in this practice operates as a team member.** All have been trained as professionals and take pride in delivering professional care.

Our Appointment Policy

We reserve time for each patient in our practice. An appointment written in our schedule with your name on it is a *bond of trust* that we will be here to serve you and you will be present for that appointment. Therefore, our office policy in this regard is extremely firm. We do not accept recorded messages on our after hour answering system as appointment cancellations or changes. Your signature will be required on your first visit as an indication that we have mutual respect for each other's time.

INSURANCE

We accept **most PPO insurance plans**. We are currently **IN NETWORK** providers for Metlife, Securecare, Blue Cross, Delta Dental, United Healthcare, Ameritas, Principal Premier Access, Great West, Aflac, Mountain States, and AEI. If your insurance provider is not listed, just ask us to become an **in network** provider. Because the insurance market is forever changing, please ask us if we accept your type!

We follow a program which simplifies the preparation of insurance forms (electronic claims), thereby holding down the costs that are unrelated to the delivery of good dental care. Our front office staff will prepare and submit the claim. Please remember that **no insurance company attempts to cover all** dental care. Some companies pay a fixed allowance for certain procedures and others pay a percentage of the charge. It is your responsibility to pay the deductible amount, co- insurance, or any other balance not paid for by your insurance carrier.

With the insurance climate changing so often, questions are certain to arise. We have no control over how your insurance works other than making sure our codes submitted to your carrier are correct. If you have any questions about your coverage, please ask! We will be happy to assist you in understanding your benefits; however, **the agreement of the insurance company to pay for your dental care is a contract between you and the carrier.**

PAYMENT POLICY

Payment for treatment is expected at the time the service is performed. We accept: Cash, checks (established patients) and Visa/Mastercard Discover and American Express. Unless prior arrangements have been made, balances older than 60 days will be subject to interest charges of 1.5% per month. Balances older than 90 days will be given to an attorney for collection. Return checks will have an additional fee of \$25 added to your

account. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to us so that we can assist you in the management of your account.

Financial Assistance

Our fees are based on the quality of the materials we use and our experience in performing your needed treatment. Our goal is not to let expense prevent you from benefiting from the quality of care you desire and need. To facilitate this goal, we have developed the following financial options:

1. A 5% accounting adjustment is allowed when fees in excess of \$200 are paid in full by cash or check on the day that treatment is presented or in advance of scheduling the appointment.
2. Major credit cards such as Visa, MasterCard, American Express, and Care Credit are all accepted in our office.
3. We are pleased to offer Care Credit to our patients. Care Credit is a convenient, no initial payment, low monthly payment plan for dental treatments of \$1,000 to \$25,000. Offering Care Credit allows us to make the smile you've always wanted affordable.
4. If you would like to review these financial arrangement options with one of our team members in advance of treatment, please ask our staff.

CANCELLATIONS/RE-SCHEDULES

A minimum 24 hour working day notice is required for cancellations or re-schedules. Please notify us as soon as possible since appointment hours are scheduled in advance. The prompt notification by the patient of the need to reschedule or cancel an existing appointment with our office, allows us to give your time to another patient who may be waiting for that appointment time. Without prior notification, a charge will occur (on habitual cases) for missed appointments, even if re-scheduled. This could lead the patient to be asked to leave our practice. We do our part to remind the patient of their upcoming appointment by calling at least 48 hours in advance as well as giving patients a reminder card prior to them leaving the office. When a patient makes an appointment it is their responsibility and our attempts of reminding them is a courtesy.

We Value Our Relationship with You!

We value our patients and want to maintain a good relationship with you. Please let us know if you have any questions about our policy. We look forward to many years of working with you to maintain your good dental health! Communication works best when it works both ways. All patients are urged to ask questions of Dr. Ruiz and his staff.

I have read and agree to the above patient office policy for the office of
Dr Carlos R. Ruiz
Lakeview Family Dental LLC.

Patient Print Name _____

Patient Signature_____ Date_____

Witnessed by _____ Date_____