

# Office Policy & Insurance Information Form

## Welcome to our office

On your first visit, you will be greeted by our staff and asked to fill out a few forms detailing your medical history as well as any concerns you may have about the appearance of your teeth. The forms are also available to print off of our web site, allowing you to fill them out prior to your appointment. These will help the doctor and assistants better understand and address your individual needs.

During your examination & consultation, the doctor and his team will take time to listen to all your dental concerns. We will also discuss with you treatment options and address your particular needs. You should leave the office with a clear understanding of your recommended treatment plan.

We are always here to answer any questions you may have about our recommendations or any issues at all concerning your dental healthcare needs.

## Appointments

We will schedule your next visit with us before you leave the office, making sure you understand what to expect at your next visit. If you have any questions feel free to question us at that the time or call us at your convenience.

We make every effort to run on time. This is a joint effort by the entire office and can best be accomplished with your help as well. Please try to arrive for your appointment on time. We know your time is important, and barring an unexpected emergency, you will find we are on time and looking forward to seeing you.

If there is a need for you to cancel your appointment we require at least 24hr notice. A \$75 fee will be charged for a failed appointment.

## Payment Options

### Patients Without Insurance

Patients may pay in full for their treatment upon it's commencement. Payment in full with cash, check or credit card at the start of treatment earns a 5% savings on the fee for your treatment.

Patients may pay 1/2 of the fee on the day treatment begins and take care of the remaining 1/2 on the day treatment is completed.

### Patients With Insurance

We recommend obtaining a predetermination of your dental benefits from your insurance company before commencing treatment. Some services we provide are deemed cosmetic by insurance carriers and therefore may not be covered by your policy.

Patients may choose to pay the total amount at the beginning of treatment, just as if they did not have insurance. This will allow you to take advantage of the 5% savings on the fee for your treatment. We will assist you in recovering any insurance benefits.

Or, you can pay your estimated portion, based on the predetermination of your benefits, at the time of treatment. After your insurance has been billed and payment received any balance will then be due.

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Dental Ins. Co. #1  Ins. Co. _____ Address _____ _____ phone _____ group # _____  This Dental Ins. is provided through; Policy holders name _____ Social security # _____ Birth date _____ Employer _____	Dental Ins. Co. #2  Ins. Co. _____ Address _____ _____ phone _____ group # _____  This Dental Ins. is provided through; Policy holders name _____ Social security # _____ Birth date _____ Employer _____
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I have read and agree to be bound to all the above office policies. I understand that I am responsible for payment of all services rendered by Dr Johnson or his staff at the time of treatment, unless other arrangements have been made. I am responsible for any co-payment and deductibles my insurance doesn't cover. I agree to pay in full for any procedure not covered by my insurance or for any procedure my insurance reduces coverage for due to their alternative benefit policies. I authorize my insurance benefit payment to go directly to Dr Johnson. I authorize Dr Johnson to release all examination and treatment records to my insurance company.

The above information is true to the best of my knowledge.  
 I have read and agree to be bound to all the above office policies.

Signed \_\_\_\_\_ date \_\_\_\_\_  
 Print name \_\_\_\_\_