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## POLICY STATEMENT

Thank you for choosing us as your dental health care provider. Our main concern is that you receive the best and most appropriate treatment needed to restore and/or maintain your dental health. We ask that all patients/responsible parties read and sign our Policy Statement, as well as complete our Patient Registration Form as a new patient and every 5 years thereafter. It is crucial that you keep our office informed of any health, contact information or insurance changes. If there are any questions or concerns regarding the following policies, please do not hesitate to ask our front office staff.

### Treatment of Minors

1. We require that a parent or guardian be in the building anytime we are treating a child who is less than 18 years of age. If the child is old enough to drive, we must have a signed treatment plan and a note from a parent stating it is okay to treat their child.
2. We can't allow ourselves to get involved in custody disputes. The parent who brings the child to an appointment is responsible for paying any portions not covered by insurance on the day of treatment. If we will be filing insurance on children of a parent who is not a patient, has not signed responsible party information, or does not bring the child to their appointments: we must have a signed "HIPAA" form and completed insurance form signed by the insured to okay the use of their personal information and file their insurance.
3. If parents prefer filling type (tooth colored vs. silver) please make sure that it is communicated before the child is taken back. If no preference is stated the doctor will use her clinical judgment.

### Cancellation Policy

We understand that emergencies can occur, please let our office know when you have a true emergency. If you find it necessary to cancel an appointment, we require at least a 24-hour advance notice. We reserve the right to cancel any scheduled appointments that are not confirmed within 24 hours of the scheduled appointment, to charge a \$50.00 fee per appointment canceled with less than a 24-hour notice and/or missed and charge a \$100.00 holding deposit for all future appointments or end our patient/doctor relationship for multiple late cancellations and/or missed appointments. NOTE: Cancellations made after close of business on Thursdays regarding Monday appointments will be considered as less than 24-hour notice and are subject to the applicable cancellation fee.

### Deposit Policy

All "major" appointments (1 ½ hours or longer) need to be held with a deposit fee (50% of total amount due) that will go toward appointment fee if appointment is kept. If an appointment is missed or canceled with less than a 24-hour notice, the \$100.00 fee will be taken from this deposit.

### Financial Policy

Payment for services is due at the time services are provided. We accept cash, check, MasterCard, Visa, Discover and Care Credit. We use Unity FI Solutions as our check recovery service and a \$25.00 service fee will be charged for any returned checks. Returned check balances should be paid in cash within 48 hours of notification from our office.

**All balances on accounts longer than 60 days will begin to accrue interest at a rate of 1.5% per month or 18% annually. This also includes outstanding insurance balances.**

**\*\*As a courtesy, we will be happy to file your insurance for their estimated portion. We ask that you supply us with a copy of your current dental card (not health) and a completed dental claims form at least once a year.**

### Primary Insurance

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are **NOT** a party to that contract. Our relationship is with you, not the insurance company.
2. All charges are your responsibility, whether your insurance company pays or not. Not all services are covered as some insurance companies randomly select certain services they will not cover. We do not let the insurance company dictate our patient's treatment.
3. Fees for services not covered by your insurance company, deductibles and patient's estimated copay are due the day treatment is performed. We do not wait for the insurance company to pay their part and then bill the patient. If you overpay, you will be reimbursed. If we underestimate your cost, you will be billed.
4. We are happy to file a pre-estimate on your behalf to your insurance company, **if requested**. Please note that sometimes it takes up to 8 weeks to get approval and a pre-estimate is not a guarantee of payment from the insurance company.
5. If the insurance company does not pay the balance in full within 45 days, we ask that you contact your insurance carrier and request their prompt payment. If the insurance company does not pay in full within 90 days, payment is due in full.

### Secondary Insurance

1. Due to untimely secondary insurance payments and lack of coordination of benefits, the office will **NOT** file secondary insurance claims.
2. Monies due from secondary insurance should be paid by the patient at time of service; however, **WE WILL BE HAPPY TO PROVIDE INFORMATION TO HELP YOU COMPLETE THOSE CLAIMS.**

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate about any such problems, so that we can assist you in the management of your account. Again, thank you for choosing us as your dental health care provider. We appreciate your trust and the opportunity to take care of your family's dental needs.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_