



SCHIMP
FAMILY DENTISTRY

Financial and Office Policies

We are happy that you have chosen us to be your professional dental care team. We will strive to make your experience with our office as comfortable and inviting as we can.

There are a few things we would like our patients, new and current, to know about our office and our office policies.

Your insurance policy is a contract between you and your insurance company. Please note that our office is not a party to this contract. While we may accept an assignment of benefits as a courtesy, any portion of your account not paid by your insurance will be your responsibility.

1. For patients without dental insurance: As a courtesy to you, we give a 5% discount for cash or checks when your visit is paid in full. Payment in full is expected at the time of service
2. All estimated co-pays and deductibles are due at the time of service. These estimates are provided in good faith based on information received from your insurance provider; however, we cannot guarantee coverage or payment amounts. We will verify your in-network benefits, submit claims on your behalf, and assist with any questions or concerns that may arise. That said, it is ultimately your responsibility to understand your insurance plan and coverage details. Once your insurance has processed the claim, any discrepancies will be addressed accordingly; we will either issue a refund, apply a credit to your account, or send a statement for any remaining balance.

To help us file claims on your behalf, we require complete and accurate insurance information at the time of your appointment. Please note that insurance claims cannot be backdated.

3. Our office accepts Care Credit as our payment plan option. This service offers up to 6 months interest free. An application, and more information is available at the front desk if you are interested.
4. Our office will not make new appointments for any patient with a past due balance. Accounts with a balance must be paid in full before a new appointment can be scheduled. We have the right to cancel upcoming appointments for patients with outstanding balances.
5. In order to provide a high standard of care, our office requires:
 - a. Bitewing radiographs biannually at a minimum. In most cases a higher frequency is recommended.
 - b. Periodontal Charting yearly to assess gum and bone health.
6. We have the right to charge a fee of \$75 for last-minute cancellations (less than 24-hour notice) or no-shows. Repeated occurrences may result in a patient's inability to schedule future appointments in our office.

Your signature lets us know that you have read, understood, and are willing to comply with the information stated above. Our hope is that this eliminates any confusion and helps us maintain a positive patient/office relationship as we take care of your dental needs.

Name: _____

Date: _____