



Periodontal and Implant Specialties, Ltd.

POLICY & FINANCIAL AGREEMENT

Patient Name: _____ Date: _____
Please Print

Person Responsible For Finances: _____
Please Print Relationship to Patient

Please note your doctor will be or has prescribed treatment based on your dental/oral health care needs. Any quote will be valid for **90** days.

Finances-Submitting Insurance:

We are happy to assist you in setting a payment plan that best suits your needs. We file dental insurance claims, as a courtesy to our patients. If you have dental insurance we ask that you complete the attached form. Be sure to provide the correct carrier, address, etc. and sign all necessary areas. This will allow us to submit pretreatment estimates prior to your appointments for service as well as a claim upon completion of services for payment. Please note, all pretreatment estimates must be filed with the insurance company prior to beginning treatment which can take as long as 4 to 6 weeks. This is required for patients with preferred provider or managed care plans. Please remember that insurance is a contract between you and your insurance company. Any unpaid balance after 30 days is your patient responsibility regardless of insurance.

We also offer Care Credit as a payment option. Care Credit is an outside financial service for dental / medical use. Please feel free to contact our office for information or visit: www.carecredit.com. **We accept all major credit cards, checks and money orders.**

PERIODONTAL & IMPLANT SPECIALTIES, LTD IS NOT RESPONSIBLE FOR: resolving disagreements over claims or negotiating settlements with your insurance company. You are fully responsible for all fees charged by this office regardless of insurance.

PERIODONTAL& IMPLANT SPECIALTIES, LTD is not a Medicare provider therefore we cannot and do not submit claims to the Medicare Insurance or Medical Insurance.

Cancellations and missed appointments:

A minimum of **72** hours' notice must be given for all surgical appointments, **48** hours for non-surgical appointments. A fee will be charged to your account for all missed appointments. Charges for missed appoints will be identified as such and are not covered by insurance.

Billing:

All patients who have an outstanding balance will be provided with a monthly statement for services rendered along with any payments received by insurance company or patient. All accounts with no activity delinquent / past due for 120 days will be turned over to a third party for collection of account balance and any additional fees if suit is necessary.

Record retention: While HIPAA rules require that our office retains a copy of your records for 6 years, it has been our practice to retain your records for up to 10 years from your last visit.

Please keep a copy of all correspondence sent to you by this office, so that you may have a complete record of your contact with this office.

X _____

Patient name: please print

X _____

Signature: person responsible for finances

Relation to patient

I agree that I am financially responsible for all treatment received, and missed appointments.

Financial arrangements can be made for patients after treatment has been prescribed.
Scheduling and receiving treatment constitutes acceptance of treatment.
Please note all patient refunds are posted at the end of each month.