

Important Dental Insurance, Payment and Financing Information

Our fees are based on the finest care, skill and time required for the appropriate treatment. We believe open communication is important and will discuss your care and associated fees in detail with you before beginning any treatment.

Payment. We accept checks, cash, Visa, MasterCard and Discover, and payment is due at the time service is rendered unless other arrangements have been made in advance. When a balance is due on your account, you will receive a monthly statement. A 1.5% finance charge will be billed monthly on any balance 90 or more days past due. If collections services are required due to non-payment, all collections and attorney fees will also be applied to your outstanding balance.

Insurance. Our goal is to assist you in maximizing your insurance benefits. Understanding your insurance can be challenging, and each plan differs in its covered services. We encourage you to become familiar with your policy exclusions, deductibles and required co-payments.

As a courtesy to our patients, we will:

- File your insurance electronically within 24 hours of your visit and request payment of your benefit directly to our office.
- Research your dental insurance plan to advise you of benefits available to you.
- Re-file your insurance a second time within 60 days.
- Follow the American Dental Association guidelines for coding procedures and filing insurance.

Your responsibilities include:

- Providing current insurance information at your visit.
- Payment of fees not covered by your insurance plan, payment in full at the time of service if you have no dental insurance, most United Concordia or Delta plans – you must pay at the time of service. Reimbursement for these plans goes directly to the patient. You are also responsible for payment in full if your insurance company does not pay our office within 75 days.

I authorize Highpoint Dental Medicine, P.C. to release to my insurance company information acquired in the course of my dental care. I also give permission for my insurance benefits to be paid directly to Highpoint Dental Medicine, P.C. and I further understand that I am responsible for any unpaid balance at the time of service.

My signature below acknowledges that I understand and agree to the terms of this document.

Signature of patient insured

Date

If you are not covered by dental insurance, please sign below indicating your acceptance of our payment policies.

Signature of uninsured patient

Date

Please sign and date both sides (both pages for web form)

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FINANCIAL POLICY 0107

Important information regarding your scheduled appointments

What can you, our valued patient expect from Highpoint Dental Medicine?

1. Emergency service is available 24-hours a day.
2. If an emergency should occur that affects your scheduled visit, we will attempt to accommodate you as promptly as possible.
3. Evening and Saturday appointments are available for your convenience.
4. We value your busy schedule and strive to see you on time.
5. If you find it necessary to change a reserved appointment time, our understanding staff will assist you in rescheduling.

What does Highpoint Dental Medicine expect from you, our valued patient?

1. If an emergency does cause an unavoidable delay in our schedule affecting your appointment, your patience and understanding is appreciated.
2. Commitment to all reserved appointments is expected. Evening and Saturday commitments are absolutely required.
3. Arriving on time to your appointment enables us to see all of our appointments as planned.
4. A minimum of 24-hour notice is required when changing or canceling a reserved appointment. Abuse of this policy will result in a cancellation fee of \$40.00 and/or limitations on scheduling evening and Saturday appointments.

Signature of patient

Date

Please sign and date both sides (both pages for web form)

