

Simon P. Melcher, D.D.S.
Implant & General Dentistry Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we have found helpful to our patients in knowing exactly what dental financial responsibilities they will incur.

Insurance

Our office understands the value of insurance benefits to our patients. We will file your insurance as a courtesy to our patients. Please understand that dental insurance is a contract between the patient and the insurance carrier, not between the insurance carrier and the dentist. No insurance company will cover 100% of all dental expenses. ***Your deductible and estimated co-payments, not covered by insurance, will be collected at the time of service.*** Please note, we will not know exactly what your insurance will cover until your claim processes. We make every effort to help you can get the maximum benefit from your dental insurance. However, there are NO guarantees of payment from any insurance company and payment for dental services is the patient's responsibility. Please note that it is your responsibility to inform us of any changes in your dental insurance.

Usual and Customary Fees

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area and our experience. You are responsible for payment regardless of any insurance company's arbitrary determination for usual and customary fees.

Missed Appointments

Appointments are valuable blocks of time. When an appointment is broken or cancelled on short notice (less than 24 hours) it prevents us from helping someone else. Wasted appointment times also results in higher health care fees. ***In order to control dental costs for our patients, we will charge a non-refundable \$75 cancellation fee for all appointments that are cancelled with less than a 24-hour notification unless special circumstances prevail.*** Please help us control costs as well as serve you better by keeping scheduled appointments or making sure you give 24 hours notice to reschedule.

Delinquent Accounts

We reserve and will exercise the right to report any account 90 days delinquent to a collection agency. All expenses incurred as a result will be the patient's responsibility as permitted by law.

I have read the Financial Policy. I understand and agree to this Financial Policy.

X _____
Signature of patient or responsible party.

Date _____