

Pennyrile Family Dentistry
Office Policies

Payment will be expected at the time of service for all non-contracted fees and co pays.

Insurance contracts: If we are in contract with your insurance carrier, we will accept assignment on all covered services and bill your carrier for you. You are responsible for the co pay, coinsurance, deductible, and for all non-covered services.

Insurance plans represent a contract between you and the insurance company. These contracts are not between the doctor and the insurance company. We will do our best to help you obtain benefits, but we cannot be responsible if your carrier does not pay. Further, if a member of our staff advises you that you are fully covered or implies that you will owe nothing, it is your responsibility to contact your insurance company for verification. Therefore, it is your responsibility to make certain your carrier makes prompt payment, and to handle any disputes that may arise.

Third party financing may be available through **CareCredit** for patients requiring extensive treatment. This type of financing must be approved in advance. Interest free financing is available for treatment plans over \$300. Extended plans are also offered for 24, 36, or 48 months with a fixed payment 9.9% APR. Please refer to the CareCredit brochure or ask a staff member for further details.

For appointments lasting longer than an **hour and a half**, we ask that you put **10%** down to reserve the doctor's time.

If at any time you have questions regarding any treatment, fees, or services, please discuss them with us promptly. We will make every effort to avoid a misunderstanding, to rectify an injustice, and preserve a friendship.

Missed Appointments: Cancellations must be called in within **24 hours** of appointment. Regretfully, repeated failure to make your appointments may result in your dismissal as a patient from Pennyrile Family Dentistry.

Tardiness: Please respect our time as we do yours. In the event that you are running late, we might have to reschedule your appointment due to our time constraints.

Cellular Phones/pagers: We request all cellular phones and pagers be turned off or put on silent mode during your appointment.

We reserve the right to dismiss any patient from our practice for inappropriate behavior while on the phone or in our office.

I acknowledge that I am responsible to pay all charges for treatment administration by Pennyrile Family Dentistry as outlined above.

Responsible Party Signature: _____

Printed Name: _____

Date: _____