

# St. Luke's Dental

We accept CASH, DEBIT CARDS, MONEY ORDERS, VISA, MASTERCARD, DISCOVER AND PERSONAL CHECKS as payment to your account.

- **You are responsible for all charges at each visit.** If you have insurance, we will file the claim as a **courtesy** on your behalf and let the insurance pay us. However, your co-payment is due at the time treatment is rendered. Your copayment is your percentage portion of the treatment plus any portion that insurance may not have paid from your last visit. Although we make every effort to **estimate** your payment and ensure we maximize your insurance benefits, **you are responsible to pay immediately any balance not paid by your insurance for any reason.**
- You understand that insurance claims will only be filed if you provide St. Luke's Dental with your social security number, the social security number of the subscriber and an insurance id number (if applicable). If you choose not to provide St. Luke's Dental with your social security number, you understand that you must pay in full for all service rendered. It is St. Luke's Dental policy to require social security numbers for record keeping purposes even though that may not be the policy of the insurance carrier.
- Please come prepared to pay at all appointments. All co-payments and deductibles are **due at the appointment.** If the patient is not prepared to meet their financial obligations at the time of the visit, they must reschedule and a broken appointment fee may be charged.
- If you or your insurance company has not paid your account in full within 45 days, the balance may automatically accrue a 1.5% monthly finance charge and a \$2.00 per month billing charge until the balance is paid in full.
- If your account becomes 90 days overdue, the account will be sent to a collection agency and **all fees associated with collection** including court cost, interest and all attorney fees will be charged to the patient/account. Any check returned for Insufficient Funds will be charged a \$35.00 NSF Fee.
- You understand that if you discontinue treatment for a requested procedure, including, but not limited to, partials, dentures, crowns, bridgework and surgical preparatory work, you remain responsible for paying all lab related costs for materials and services that were incurred before you discontinued treatment. All related costs will be deducted from any refund to which you may be entitled for discontinued treatment.
- You understand that you must inform St. Luke's Dental, in writing, of any concerns, questions, or disputes you may have concerning your treatment or charges in a timely manner.
- A 24-Hour notice is required for all appointment cancellations or changes. **You must call back to confirm your appointment by the day prior to the appointment or we will assume the patient is not coming and reserve the option to give the appointment to another patient.** We make every effort to reach you by phone, so please do us the courtesy of calling or replying back. A fifty-dollar (\$50.00) **per half hour** fee may be charged to the account for all patients who fail to give a 24-hour notice. Two or more appointments missed or broken with less than a 24 hours notice within a six month period may be grounds for dismissal from the practice. Please help us serve you better by keeping your scheduled appointments.
- By signing below you hereby authorize the Doctor to take X-rays, photographs or any other diagnostic aids deemed appropriate by the Doctor to make a thorough diagnosis of the patient's dental needs. You also authorize the Doctor to perform any and all forms of treatment, medication and therapy that may be indicated. You also understand the use of anesthetic agents embody a certain risk. **You understand that your dental insurance is a contract between you and the insurance carrier, and not between the insurance carrier and the Doctor and that you are still fully responsible for all dental fees.** These fees are due and payable at the time services are rendered. You also assign all insurance benefits to the Doctor. Any payments received by the Doctor from your insurance coverage will be credited to your account. You further understand that a late charge will be added to any overdue balances. You also understand that according to the Code of Florida our dental hygienist may treat patients for scaling and root planing, polishing, clinical exams, subgingival irrigation, topical fluoride, and charting of carious lesions without the dentist being present, but prescribed by the dentist. The hygienist will administer no anesthesia; only services prescribed by the dentist will be provided.

If you have any further questions about our Office Policies, please feel free to ask. By signing below you agree that you have read, understand and agree to comply with the above Office Policy.

Printed Name

Date

Signature