

PATIENT RESPONSIBILITY/FINANCIAL POLICY/OFFICE POLICY STATEMENT

Thank you for choosing us for your dental needs! We are committed to providing you with excellent care and convenient financial arrangements based on open, honest discussions of recommended treatment options and their respective fees.

APPOINTMENT POLICY:

1. We require 24 hrs. notice if you must change or cancel an appointment.
2. **If you schedule an 8:00 AM appt, please do not cancel it!!** It is very difficult to fill these early morning openings if you cancel last minute or no show.
3. We ask patients to arrive early for each appointment. This allows time to update our patient information: address, phone numbers, insurance, etc. It is helpful to have a current insurance card and list of medications with you at each appointment.
4. **If two appointments are missed without advance notice, we will not schedule any further appointments for you.** This policy applies to all members of the family. The doctor patient relationship will be severed.
5. If multiple appointments are scheduled and one appointment is missed without advance notice, all further appointments will be cancelled until contact has been made.
6. We make every effort to run on time. If you are late for any appointment, you may be rescheduled depending on the length of the appointment. Promptness is not only courteous but necessary for a smoothly running office. When patients routinely arrive late for an appointment all following patients suffer the consequences. Furthermore, staff must work twice as hard to ensure all necessary OSHA/WISHA/HIPPA standards are in place. We want to provide a relaxed and stress-free environment for our patients as well as ourselves. That can not be done if we are pressed for time.
7. Parents/Guardians must be present while treatment of minors is being rendered. Parents/Guardians are allowed in the operatories during fluoride visits ONLY. For cleanings or restorative treatment, we kindly ask parents/guardians to wait in the waiting room. Only patients are allowed in treatment rooms. If something unforeseen occurs, a responsible adult must be present to answer questions or give permission for additional treatment.
8. The Doctor/Patient relationship incorporates timely recalls and acceptance of treatment. Non-compliance absolves us of responsibility of your care.

FINANCIAL:

1. We accept all major dental insurance plans. Treatment recommended by our practice is never based on what your insurance company will pay, as your oral health care and accompanying treatment should not be governed by your insurance company contract.

Dental insurance is NOT designed to pay for all your dental care. Most contracts have yearly limits, treatment limitations and/or various degrees of co-payments/deductibles. **It is the patient's responsibility to be familiar with their annual costs, coverage, in/out of network information and limitations.**

2. **Non-insured patients,** fees are due at time of service unless payment arrangements are made.
3. Failure to pay for treatment severs the doctor/patient relationship. After 3 months of non-payments, you will be referred to our collection agency and no longer be a patient.
4. Upon request, we will give you a written estimate of your needed dental treatment. Any extensive treatment plans will be presented in writing.
5. You will be charged a \$50 fee for any NSF check.
6. You may be charged a \$50 fee for last minute cancellations and no shows.

Emergencies:

1. We will treat your emergency as soon as possible. If you are unable to contact us, you need to seek attention from your physician, another dentist, urgent care clinic or an emergency room.

Please feel free to speak to us should you have further questions regarding this statement. Thank you for choosing us as your dental team.

S. Frank Rupert D.D.S., Stephen I. Rupert D.D.S. and Staff

Signature _____

Date _____