DIBBLE FAMILY DENTAL

RESPONSIBILITIES & RELEASE

I understand that I am financially responsible for all charges whether paid by insurance or not. I authorize my doctor to release all information necessary to secure payment of benefits. I authorize and request my insurance company to pay directly to the dentist the insurance benefits otherwise payable to me. I authorize the use of my signature below on all insurance submissions. I understand that my dental insurance may pay less than the actual bill of services.

RESPONSIBLE PARTY SIGNATURE _____ DATE _____

RELATIONSHIP TO PATIENT _____

OFFICE GUIDELINES

- As a courtesy to you we will bill your insurance; however this is NOT a guarantee of insurance payment. Payment of dental services not covered or paid by your insurance is required at the time services are provided.
- For your convenience financing may be obtained for full and/or partial treatment through CareCredit, a third party financing company. We can help you with the application process.
- **YOUR APPOINTMENT IS SPECIFICALLY RESERVED FOR YOU.** A fee of $85.00 PER APPOINTMENT MAY be charged to and paid by the patient for any appointment that is canceled without at least a 48 hour notice.
- A 1.5% per month (18% annually) finance charge may be added to any account with a past due balance of 90 days starting from the date services are rendered.
- We do not accept DSHS, Medicare, or Medicaid.
- Nitrous oxide is available at $120.00. Payment is due at the time of service. This is not covered benefit on any insurance plan.
- All deductibles and co-payments are expected at the time of service.

I have read and understand the above stated guidelines and services.

RESPONSIBLE PARTY SIGNATURE _____ DATE _____

RELATIONSHIP TO PATIENT _____

INSURANCE POLICY

Your insurance policy is a contract between you and your insurance company. We do not guarantee that your insurance company will pay your claims. Co-payments and patient portions are to be paid at the time services are rendered. Your expected payments reflects an estimate and is not intended to be an exact determination of your financial obligation. We will notify you if there is an outstanding balance due for a particular service. If there is an overpayment, we will issue a refund or credit your account.
To avoid any short notice cancellation fees (under 48 hours) we ask that you call our office during regular office hours. Monday-Thursday, so we can assist you with your appointment needs.
There is a $85 fee for appointments that are missed or canceled less than 48 hours.

Initial Here _____