



Welcome to BRANCHVIEW DENTAL CARE

We are happy to have you as a new patient within our dental practice. Our patients and their dental health are our #1 priority.

Here at Branchview Dental Care, we are ready to cater to all of your family's dental needs. Our caring team practices comfortable, health-centered dentistry with a strong emphasis on getting to know each patient. We are careful listeners and will explain beforehand what treatment is best for your individual needs.

From routine checkups to cosmetic & restorative care Branchview Dental Care is your neighborhood headquarters for all things dental. We look forward to showing you how regular dentistry can improve your life.

Here are our office policies. Please review and if you have any questions regarding our policies please ask one of our team members.

Insurance:

We file to the insurance company as a courtesy to our patients. Insurance is an agreement between you (the Subscriber) and the insurance company. Insurance generally only covers a portion of the dental services cost. This is due to co-insurance as well as "usual, customary and reasonable fees" set by the insurance company. Your dental health is our #1 priority. We will always give you the dental health options available to you and we will help you to understand how your insurance will help to decrease this cost for you.

Financial Arrangements:

Whenever you have treatment needs diagnosed by the doctor, we will provide you with your options and the cost of the dental services. We will provide you with an estimate of your insurance coverage and your estimated payment. We try to give a good estimate but it is based on the best information we have available from your insurance company. If insurance pays more than expected, we will reimburse you or credit your account for future treatment. If insurance underpays for the services, we will send you a statement for the remaining portion you will owe. It will be your responsibility to pay any balance not paid by your insurance company within 60 days.

Financial Arrangements (continued):

We ask that you sign the financial arrangement agreeing that we went over the services and the estimated cost. This does not mean you are obligated to get the treatment done but allows us to better serve you when you are ready to schedule the treatment.

Payment Options for Dental Services:

Payment is due at the time of service. We accept Visa, MasterCard, Discover and American Express, as well as Cash or Check.

As a service to our patients, we also offer CareCredit and other financing options to those who qualify to make dental services more affordable for your financial situation.

Returned check fee is \$25.00 and will be billed to your account.

Appointments:

In order to provide the best quality dental care in an efficient manner, we ask that you give us **24 hours notice** if you need to **reschedule your cleaning appointment**. We may charge a \$50 fee if this policy is not honored.

We also require a **10% deposit** on treatment requiring more than 1 hour of doctor’s time that would be paid to secure your appointment time. This is to reserve your appointment time and reduces the amount you will owe on the appointment date. If you need to reschedule your appointment, we ask that you give us **48 hours notice or you may lose your deposit**.

Family appointments: As a courtesy to our families and to allow for multiple family members to be seen at one-time we will schedule up to 4 family appointments on the same day; however, we reserve the right to no longer schedule these appointments together if we are not given at least 24 hours notice if you need to reschedule your appointments. We would appreciate more than 24 hours notice for rescheduling family appointments whenever possible.

Authorization and Release:

I authorize the Doctor to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payors and/or other health practitioners. I authorize and request my insurance company to pay directly to the Doctor insurance benefits otherwise payable to me.

I understand that my insurance portion may be estimated, but this is not a guarantee of payment. I also understand that my dental insurance carrier may pay less than the actual bill for services. Finally, I understand that I am responsible for payment of my treatment, regardless of insurance coverage.

Signature _____

Date _____