

FINANCIAL POLICY

We are happy that you have chosen our office to be your dental provider. We accept several insurance plans to help our patients with the out-of-pocket costs of your dental care

Estimated patient payment is due at the time services are provided. Stones Crossing Dentistry, inc. will loan insurance portion until the EOB is received with payment or denial. At which time, full payment is due. We accept cash, checks, credit/debit cards, and carecredit. There is a \$25 charge for returned checks plus the bank fees. We offer patients without dental insurance a 10% courtesy discount for paying with cash or check. This applies to our standard office fees and does not apply with any other offers or discounts. We offer our patients an in-office discount plan for patients without any dental insurance. Ask us for more information.

Please remember that your dental insurance policy is a contract between you and your insurance company. It is your responsibility to provide our office with your dental insurance information. If your dental coverage cannot be verified then you are considered as having no insurance, and payment of our office fees will be expected at time of service. We file your insurance claims as a courtesy to you. We provide insurance estimates, however this is not a guarantee of what your insurance company will pay. We do not know what your insurance company will pay until payment is received, and total fee is your responsibility if insurance denies payment for any reason.

All accounts with a balance at 90 day will receive a \$5 billing charge. Past due accounts will be turned over to a collection agency. Any fees incurred due to this, will be added to the outstanding balance. This includes late fees, collection agency fees, court fees, attorney fees, and any other applicable fees.

I authorize the assignment of benefits to be paid directly to Stones Crossing Dentistry, inc.

I authorize the release of protected health information as described in our HIPPA policy to any insurance company, specialist office, collection agency, etc. required to assist you or our office to receive payment for services rendered or referral offices in providing you care.

This agreement supersedes all prior agreements signed, including any and all mediation/arbitration agreements. I acknowledge that any prior mediation or mediation/arbitration agreements signed previously related to financial agreements or quality of care are null and void. I hereby agree to abide by the conditions outlined herein.

Missed Appointment Policy

Appointment times are valuable. In order to keep costs low for our patients and ensure that all patients receive care in a timely manner we enforce a missed appointment policy. Appointments cancelled without a 24-hour notice are subject to a cancellation fee of \$ 41 per hour of the scheduled appointment time. I agree that I must be at each appointment as agreed when scheduled whether or not Stones Crossing Dentistry, inc. is able to reach me to confirm this appointment.

Photo Consent Form

I give permission to Dr. Aaron Wilkins and his staff to take photos as part of my dental records. The photographs taken in our office may be used for case presentations, submitting dental claims, continuing education as well as case review within our office and/or with your referring dentist/doctor. Photos for any advertising or public presentations will not be used without your permission.

Information Release Form

Dr. Aaron Wilkins requires that our staff obtain authorization from the patient to release and/or leave a detailed message for the patient. Secondary to the new HIPPA guidelines we need to guard against violating any patient confidentiality and protect our staff.

I give my consent to Dr. Aaron Wilkins or his staff to release and/or leave messages regarding my care and/or upcoming appointments on my home, and cell phone and to my email address provided.

Acknowledgement of Notice of Privacy Practices

I have been informed of and given the chance to receive and review a copy of the Notice of Privacy Practices of Stones Crossing Dentistry inc. I may request a copy at any time and acknowledge that there is a copy on display in the reception area.