



FAMILY DENTAL WELLNESS

— Boland Dental, PLLC —

OFFICE POLICY DECLARATION FORM

Family Dental Wellness' team of qualified dentists, hygienists and other support personnel hope to provide you and your family with quality dental care for years to come. Our goal is to educate all of our patients that your mouth "talks" to your body and your body "talks" to your mouth. In order for us to accomplish this task, it is necessary that we also have the utmost cooperation of our patients to ensure their dental health does not become compromised. Our trained team will treat you and your family in the most professional manner and will always be willing to answer any questions you may have regarding your treatment or our office policies. To accomplish this goal, a number of policies have now been implemented to help us serve you best and ensure better overall patient care. We ask that you take a few minutes to review just a couple of these changed policies.

INSURANCE AND PAYMENT FOR SERVICES: We are primarily a "fee-for-service" dental practice. However, we also accept patients who participate in a variety of dental insurance plans as well as patients who have no dental insurance at all. **The only dental insurance we're currently in network with is CSEA. As a courtesy, we can submit claims to most other insurances on the patient's behalf even if we're out of network.** Regardless of a patient's insurance status, the **fees associated with any treatment will be due and expected at the time of service.** As a courtesy, we will make an honest effort to give those patients with insurance coverage an *estimate* of what they can expect their insurance to pay. The amount which is not covered by insurance will be expected to be paid by the insured at the time service is rendered. If for whatever reason an insurance company declines to cover the cost of treatment rendered in our office, **the patient will be responsible for the outstanding balance.** Although we will make every *reasonable* effort to obtain insurance benefits from the insurer, **the ultimate responsibility falls upon the patient to resolve the dispute with their insurance company.**

SCHEDULED APPOINTMENTS: Patients' scheduled appointments are just that – **scheduled** appointments. We make every effort to arrange a convenient time for our patients to attend to their dental needs. In an effort to remind patients of their appointments, an appointment card is given, as well as a courtesy phone call and text are sent. Preferably, our office would like *48 hours notice* if you are unable to keep your scheduled appointment. **At minimum, we require 24 hours notice.** In the event our patients are unable to give proper notice (at least 24 hours) we reserve the right to implement a **\$80.00** charge to offset the overhead cost. We prefer not to charge this fee. A simple phone call by you, the patient, will relieve you of this finance and will allow our office to fill the opening with a patient in need of immediate dental care. Thank you in advance for your understanding.

PAYMENT: Our office accepts VISA, Mastercard, Discover, American Express and Care Credit credit cards for payment. We also accept cash and personal checks. As a patient you have the responsibility to attend to your dental needs both at our office and at home. Neglecting your dental needs can and surely will lead to greater complications. Our office will advise our patients of the recommended course of treatment-it is the patient's ultimate decision, however, whether or not he/she wishes to participate in this course of treatment.