

# **OUR OFFICE POLICIES**

#### **OUR MISSION STATEMENT**

"Our dental practice team is committed to excellence and will strive to provide you with the best possible dental care in a relaxed and caring environment. Our goal is to help you have a healthy, beautiful smile that makes you feel and look great."

In order for us to achieve these goals, we need your assistance and understanding of some of our office policies. Please read the following carefully. It is not intended to be taken personally - we are giving this to everyone in our practice.

## **OUR FINANCIAL POLICY**

All payments for services at our office are due at the time the actual services are rendered. We accept cash, personal checks, travelers checks, money orders, certified checks, Visa, Mastercard, American Express, Discover, and CareCredit. Monthly billing is only done for those patients who have made prior financial arrangements.

If you choose to have your insurance company pay its share of the cost directly to our office, you are responsible for paying your estimated portion or co-payment at the time services are rendered. Any balance remaining after the final insurance payment is your responsibility, regardless of how small the balance is. It is a violation of the Ohio Dental Practice Act and the ADA Code of Ethics for a dentist to waive all or part of a deductible, co-payment or patient balance after an insurance company has paid its share of the covered service. If you choose to have your insurance company send payments to you, then you are responsible for the entire balance each time services are rendered.

All payments made in full, at the time services are rendered, will receive a 5% courtesy or a 10% Golden Buckeye Card senior discount.

Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. We cannot be expected to know every condition and requirement for your particular insurance plan. Dental insurance is not meant to be a "pay-all," it is only meant to help "share" the cost of your dental care; and, many routine dental services are not covered.

Our fees are considered average and acceptable by most insurance companies and are covered up to the "allowable fee" determined by each company. This applies to companies using UCR (Usual and Customary Rates) for this region of the country. Our fees and the insurance company's "allowable fees" are frequently different. And many insurance companies unfairly imply that "your doctor's fees are above the usual and customary fees" rather than more truthfully saying "your insurance benefits are low." The amount your plan pays, or allows, for your dental care is determined by how much you or your employer paid for the plan. Therefore, the less you pay for your insurance, the less you'll receive in benefits.

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As your dental health care providers, our relationship is with you, not your insurance company. We will gladly process your insurance claims as a courtesy; however, all charges remain your responsibility from the date services are rendered. Please speak with our business staff if you ever have any questions about the management of your account.

### **OUR NEW PATIENT REFERRAL POLICY**

We very much appreciate the referral of your friends, neighbors, co-workers, and family members. Our dental practice continues to grow by the trust, confidence, and positive word-of-mouth of patients such as yourself. For every new patient you refer to us, we will give your account a \$20 credit. This credit can be used to cover any future dental expenses you may have such as insurance co-payments or deductibles. A vote of confidence or a word of praise is something that means a lot to each one of us. Thank you.

### **OUR OFFICE HOURS**

Mon: 8 a.m. – 5 p.m. • Tues & Thurs: 8 a.m. – 7 p.m. • Wed & Fri: 8 a.m. – 1 p.m. • Lunch: 1 pm. – 2 pm. The office is always closed on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, the Friday after Thanksgiving, and December 24th through December 26th.

### **OUR APPOINTMENT CANCELLATION POLICY**

It is important that we have your cooperation in remembering and being punctual for your appointments. We must have at least 24 hours notice if you are unable to keep your appointment. Last-minute cancellations and "no-shows" are an inconvenience to other patients who may be in need of treatment but cannot be seen. And arriving late for your appointment does not allow us the time to give you the attention and care you deserve. Please be on time. We'll do our best to be on time as well.

We understand that things come up, or perhaps you were stuck in traffic, or your car wouldn't start. Maybe you couldn't get off work, or you were sick, or you didn't have your co-payment, or you simply forgot. These are all good excuses, and we really do understand, but keeping the appointment you made is your responsibility, not ours. As a courtesy, we will try to remind you a day or two before.

When you make an appointment at our office, you are, in effect, buying the doctor and his staff's time. If we do not have at least 24 hours notice of a change in plans regarding your scheduled appointment, and if we are unable to use that time for someone else, you will be charged for a general office visit, which is \$35. This is our minimum charge for using office time when no other service is rendered. We feel that this is fair for everyone. Additionally, we reserve the right to limit or restrict any future scheduling in our office.

Thank you,

Columbus Family Dental Care