

# NORTHEAST TEXAS PERIODONTAL SPECIALISTS

## Periodontics & Dental Implants

### NEW PATIENT LETTER – OFFICE POLICIES/PROCEDURES

Thank you for choosing us as your experts in Periodontal and Dental Implant care. Our goal is to provide you with individualized state-of-the-art treatment in a caring and comfortable atmosphere. We do realize that financial concerns are often unavoidable. Therefore, in order to better serve you, our Office Policies/Procedures are presented here for your information and understanding.

1 – **PATIENT INFORMATION**: All patients must complete our Patient Information forms prior to seeing the Doctor.

2 – **FINANCIAL POLICY**: After the Doctor completes his evaluation, one of our Patient Coordinators will discuss professional fees with you, as well as your insurance (if applicable) and financial arrangements.

- a. We accept cash, checks, money orders, as well as Visa, Mastercard, Discover and American Express.
- a. Financial Arrangements – see separate page
- b. **Payment of the new patient evaluation exam is due at that visit.**

3 – **REGARDING INSURANCE**: Our office understands the value of insurance benefits to our patients and we will gladly assist you in filing any insurance claims, as a service to you. Your insurance policy is a contract between you and your insurance company. We are not a party in that contract. We will do our best to estimate your deductible and the portion that will be covered by your insurance carrier. However, the total amount due is your responsibility. Since it would be impossible for us to be familiar with the details of every insurance plan, we ask that you be aware of your financial responsibility under the terms of your policy. **Our practice is not contracted with any company. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.**

4 - **MINORS MUST BE ACCOMPANIED BY AN ADULT**: Any patient under 18 years of age must have consent from a legal guardian before treatment can be started. The adult accompanying a minor and his/her parents or guardian is responsible for full payment at the time of service.

5 – **MISSED APPOINTMENTS**: This office requires notice of cancellation on surgery appointments 48 hours prior to surgery. When your appointment is made, we have set aside that time exclusively for you. When a patient does not show up for the appointment or cancels at the last moment, other patients are deprived of that treatment time.

6 – **TRANSFER OF RECORDS**: There will be a \$25.00 fee for duplicating radiographs and records for another provider. Texas State Law requires we keep all originals in our office for no less than 5 years.

If you have any questions or concerns, please ask our friendly and knowledgeable staff.

**I have read the Office Policies/Procedures.**

**I understand and agree to these policies and procedures.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**