



### House Family Dental – Updated Financial/ Appointment Policy

At House Family Dental, we are committed to providing excellent dental care. To ensure timely and efficient service, we've updated our financial and appointment policies. Please review the following policies carefully and sign at the bottom to acknowledge your understanding and agreement.

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#### Financial Responsibility for All Patients

1. **Cost of Treatment:** Payment is due the day service is rendered.
  2. **Insurance Information:**
    - **House Family Dental bills your dental insurance as a courtesy**
    - Patients are responsible for knowing their insurance benefits. Patients are responsible for providing accurate and updated insurance information PRIOR to any dental visit. Patients are responsible for any portion of treatment costs that the insurance company does not cover.
    - When utilizing two or more insurance companies there may be a delay in determining the balance due. Each insurance company has 30 days to respond to any claim submitted. A claim can only be submitted to one insurance company at a time.
  3. **Estimated Patient Portion:** Estimated patient portion is collected the day service is rendered. As a courtesy to our patients, we provide a treatment plan for all recommended treatment. This treatment plan includes the estimated out-of-pocket expense for the patient. Please keep in mind that when a patient chooses to utilize insurance to help pay, we can only estimate the balance due to us.
  4. **Payment Plans:** We do not offer payment plans. However, we offer financing through Care Credit or Cherry.
  5. **Statements/Past Due Balances:** Statements are typically mailed after all outstanding insurance claims have been processed.
    - Finance charge of 1.5% will be assessed on all account balances not paid within 30 days of statement due date.
    - Accounts that have had three consecutive statements processed and have not had a payment will be referred to a collection agency.
    - The consumer or entity signing below hereby agrees to pay a collection cost for the collection of accounts of \$50.00 and is responsible for any reasonable attorney fees.
    - A returned check fee of \$30 will be assessed on all checks returned as unpaid by your bank.
    - We reserve the right to dismiss you, and any other patient associated with your account, from our practice if the account is referred to a collection agency. Dismissal means we will no longer see you as patients.
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#### Deposit Policy for All Patients

To ensure that we can continue to provide timely service, we require a **50% deposit** at the time of scheduling for any appointment lasting **70 minutes or more** (such as crowns, multiple fillings, Root Canals, etc.).

- **The deposit will be applied toward your treatment** on the day services are initiated or completed.
- **Cancellation with at least 48 hours' notice:** The deposit is **fully refundable** or transferable.
- **Late cancellation (less than 48 hours) or no-show:** A **\$50 fee** will be deducted from the deposit. In order to secure additional time, a new deposit to rectify the \$50 will have to be paid.

#### Missed Appointment or Late Cancel

- **1<sup>st</sup> Missed Appointment:** You will receive a reminder of our policy.
- **2<sup>nd</sup> Missed Appointment:** A **\$50 refundable retainer** will be required to schedule future appointments.
- **3<sup>rd</sup> Missed Appointment:** You will only be eligible for **same-day appointments** (based on availability) and must call us on the day treatment is needed to check availability.

**Retainers are not credited toward treatment** and will be forfeited if an appointment is missed again without notice.

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### Family Appointment Policy

In order to ensure fairness and efficiency, if an entire family misses an appointment or reschedule last minute, the following policy will apply:

- **No-Show or Late Cancellation by Entire Family:** If all members of a family (or multiple members) miss an appointment or cancel with less than 48 hours' notice, the family will no longer be able to schedule all appointments together.
- **Separate Scheduling:** Future appointments for family members will be scheduled separately from each other.
- **Reason for Separate Scheduling:** This policy helps us maintain availability for all patients and ensures that missed or last-minute cancellations do not block the time slots for other patients.
- Unless you have a signed, notarized court order to keep on file, the parent who brings the child in for their visit will be considered ultimately financially responsible.

### Cancellation Policy

We require **24 hours' notice** for all cancellations or rescheduling. Cancellations with less than 24 hours' notice will result in the forfeiture of your deposit or retainer, and the remaining balance must be paid before rescheduling.

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### Privacy Practices Acknowledgement/HIPPA

Please review our attached Notice of Privacy Practices. We encourage you to read it carefully before signing. By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations. This includes, but is not limited to, submission of insurance claims and consultation with dental specialists (endodontists, oral surgeons, periodontists, etc.) if necessary.

I acknowledge that I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that, by signing this form, I am giving my consent to House Family Dental to the use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

### Acknowledgment

I, the undersigned, have read and understand the updated financial and missed appointment policies outlined above. I agree to adhere to these policies, I understand that these policies may change at any time, with written notice provided to me.

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Patient Name: \_\_\_\_\_

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

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

Signature of Parent/Legal Guardian (if applicable): \_\_\_\_\_

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