

***Welcome to Ellis Family Dentistry!***  
**Patient Policies**

**Insurance**

It is our pleasure to assist you in maximizing your insurance benefit by completing and filing your claim forms. We file insurance for you as a benefit and do not require prepayment of procedures that are covered by your Dental Insurance; however your co-payment will be due at the time of service. The range of benefits depends solely on what your employer wishes to purchase. Different benefits are available by different companies.

Some plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For this reason you may receive a lower percentage than the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of a specific treatment, it means 80 % of the fee arbitrarily determined by the insurance company and not the actual fee charged by our office.

After treatment, at the time of check out, your estimated portion is due. Please understand that the estimated portion we charge at this visit is only an estimate, and is based upon the information available to us. When we receive payment from your insurance company or receive confirmation that the claim was denied, it is your responsibility to pay the balance of your account.

**Fees**

All co-payments, insurance deductibles, and the estimated portion not covered by your insurance policy are due at the time service is rendered. The financial obligation for dental treatment is between you and our office. The insurance company is responsible to you and your employer, not to our office. We will assist you in any way that we can. Once your dental insurance carrier has paid the claim, any difference will be due upon receipt of our statement. If for any reason we have not received your insurance carrier's payment 90 days after the claim has been processed, the remaining balance will be due and payable by you. We accept cash, check, or credit cards (Visa, MasterCard, American Express, Discover, & Care Credit). We have one financial payment plan available through Care Credit which offers interest free financing. Unpaid balances over 60 days will incur a finance charge of 18% APR. Unpaid balances exceeding 90 days will be turned over for collection.

**Late/ Missed/Cancelled Appointments**

We understand emergencies arise, however we will be unable to see a patient who is more than fifteen minutes late for a scheduled appointment. This will incur a charge of \$51.00 chair time for every hour of appointed time.

There may be a reason why you may need to reschedule an appointment. We require 24 hours notice for any cancellations. All cancellations less than 24 hours will result in a charge of \$51.00 for every hour of appointed time.

I have read and understand the above policies and agree to its terms.

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Printed Patient/Guardian Name

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Patient/Guardian Signature

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Date

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