

Bonnie Helfner DDS, P.C. Office Policies

With respect to *payments*, I understand that:

- Payments are due in full at time of treatment if I do not have dental insurance.
- Co-payments are due at time of treatment if I have insurance with assignable benefits.
- Annual deductibles are due in full at the time of visit if they have not yet been satisfied.
- At least half of co-payment for prosthetic procedures (crown/bridge/denture, etc.) is due at the first visit; the balance is due by the time the final prosthesis is inserted.
- Financing options are available for those who qualify.

Initial Here: \_\_\_\_\_

With respect to *dental insurance*, I am financially responsible if:

- Insurance company pays less than expected for covered procedures.
- Procedures performed are not covered by your specific insurance plan.
- Insurance plan eligibility can't be verified prior to my appointment.
- Insurance company does not pay within 90 days of the claim submission.

Initial Here: \_\_\_\_\_

With respect to *office fees*, I understand the following:

- **Returned Checks:** Checks returned for insufficient funds will incur a \$25.00 service charge.
- **Cancellation Policy:** A \$50 fee will apply to appointments cancelled less than 24 hours in advance.
- **Collections:** I am responsible to pay all costs and expenses should my account be placed in collections as well as any reasonable attorney fees.

Initial Here: \_\_\_\_\_

I have read and understand the office policies for Bonnie Helfner DDS, P.C.

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

*We appreciate your continued support and cooperation with the above-mentioned policies.*