Queensgate Family Dentistry Patient Financial Agreement

Thank you for selecting us as your family dental health providers. We are committed to providing you with quality and affordable health care in a caring and positive environment.

We would like to clarify our financial procedures and policies in advance of care. If you have questions of concerns about treatment, fees or please let the staff know as soon as possible.

Consent to Financial Responsibility: ***Services fees and insurance deductibles, non- covered procedures and co-payments are due at the time services is rendered.***

We accept cash, checks, credit cards and CareCredit financing

- ***Dental Insurances: As a courtesy to our patients, we submit insurance claims for services rendered. We participate in PPO plans and agree to abide by the payment agreements. We do not accept insurance payments from non-participating plans as payment in full. You the patient are responsible for payment including deductibles, copays and treatment denied or non-covered benefits.***

- ***Insurance Estimates of Benefits (EOB) are just that estimates. Queensgate Family Dentistry is not responsible for changes in insurance payments that differ from what is received in the EOB. As the insurance policy holder, you are responsible to contact your insurance company with any disputes, denials, payment, or membership issue.***

- ***All service fees not collected at time of service and any services denied by insurances, must be paid within 30 days of notice. A monthly finance charge will be added to 31 day past due balances.***

- ***Balances over 90 days are subject to referral to a collection agency. The patient will be charged an additional $50 for administrative fee for transfer to collections.***

- ***Returned checks will incur an administrative fee of $45.***

I have read, understand, and accept the terms and conditions of Queensgate Family Dentistry's financial procedures and policies. I agree that I am responsible for all fees incurred by me or my dependents, including all fees submitted to my insurance company.

Minors must be accompanied by a parent or guardian unless a written consent is obtained. The accompanying adult is responsible for payment at time of service.

Responsible Party Name & Signature ***Date***

Names of Minor(s)

Queensgate Representative ***Date***

Queensgate Family Dentistry

"Only brush the ones you want to keep"

No Show/Late Cancellation Policy

This policy has been established to help us serve you better. It is necessary for us to make appointments in order to see our patients as efficiently as possible. When an appointment is made, we commit to seeing you at that scheduled time.

No-shows and late-cancellations delay the delivery of our health care to other patients.

- A "no show" is missing a scheduled appointment.
- A "late cancellation" is canceling an appointment without calling us to cancel 24 hours in advance of an office visit or 48 hours in advance of an extensive procedure.

We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept and adequate notice is not possible.

These situations will be considered on a case by case basis.

A charge of $35.00 will be assessed for each no show or late cancellation office visit appointment if less than 24 hours notice is given.

A charge of $50.00 will be assessed for each no show or late cancellation on extensive procedure appointment if less than 48 hour notice is given.

Payment must be received prior to scheduling another appointment.

Please understand that insurance companies consider this charge to be entirely the patient's responsibility.

Name _____ Date _____ **TURN OVER>>>>>**