

Office Financial Policies

Welcome to the dental practice of Dr. Robert A. Simmons, DDS. We would like to take a moment to tell you about our office financial and appointment policies since good relationships start with information and understanding.

When we schedule an appointment for you, we reserve time with the appropriate clinician especially for you. We ask that you respect his/her time and only schedule when you are sure of your schedule. We understand that emergencies sometimes arise so please let us know as soon as possible if you will be unable to come to your appointment. Appointments that are broken without **48 hours** notice may be subject to a broken appointment fee. This fee is determined based upon the amount of chair time reserved for you.

Payment may be made by cash, check, Mastercard, Visa, Discover, American Express and debit cards. Once a business relationship has been established the practice reserves the right to perform a credit check. We have partnered with Care Credit and Capital One to offer you an exciting same as cash program. Ask about these options.

We will be happy to file your insurance as a courtesy to you. We will make every effort to ensure that it is done promptly and properly; however, **any insurance balance that is outstanding after 60 days becomes your responsibility**. We strive to give you accurate insurance estimates; however, it is imperative that you know and understand your plan. **We cannot guarantee benefits or estimates**. We recommend that you contact your insurance company directly to review your treatment plan. We accept most insurances however Dr. Simmons is not a participating provider.

A 1.5% monthly service charge will be added to any account balance that is remaining after 30 days. After 60 days, past due accounts may be turned over to a collection agency. If an account is turned over to a collection agency or judgment is granted for a bad debt, all collection fees and court fees will be added to the total account balance.

Payment in full is expected at the time services are rendered. If you have dental insurance, your co-payment and deductible are due at the time of service. All benefits quoted are an estimate; contact your dental carrier to confirm benefits. If your insurance plan reimburses you directly, we ask that the full fee be paid at the time of service.

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Robert A. Simmons, DDS or his designee. If authorization is not given, the patient is required to pay for treatment at time of service.

Patient Name: _____

Signature: _____

Date: _____