

# Loree Schweiger Nicholas D.D.S., PC

## Office and Financial Policies: Page 1

Thank you for choosing Dr. Loree Nicholas as your dental provider. We are committed to providing you with the highest quality dental care in a timely cost efficient manner. Your clear understanding of our policies is important to our professional relationship. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our policies which we request you read and sign prior to your visit.

**Self-pay Patients:** Full payment is due at the time of service, unless a financial arrangement has been made **prior** to your visit. We accept cash, personal checks, Visa, and Master Card.

**Insurance:** We are providers for some, but not all, insurance plans. You are responsible for verifying that we are providers for your specific plan. In order for us to bill your insurance, you must provide us with a current copy of your dental insurance card. If you are unable to do so at the time of your appointment, we allow 24 hours to receive the necessary information before your credit card is charged. We will bill your insurer directly and **you** will be responsible for paying co-payments, co-insurance, and deductibles. All co-payments are due at the time of service. Insurance companies routinely pay 30 days after your claim is submitted. We will send you a statement after we receive reimbursement from your insurance company. We will **expect** payment for the balance due within 30 days unless a pre-arranged financial agreement has been agreed upon with your provider. **Please know that each insurance plan has its own stipulations regarding coverage and payment for dental services, therefore it is extremely difficult for us to be aware of the multitude of individual plans for each of our patients plans. Your insurance company requires you to know your plans benefit policies as well as your plans annual maximum coverage.**

**Non-Covered Services/Dental Necessity:** We are committed to provide the best possible treatment for our patients. We provide services that are determined by our dental practice to be dentally necessary. **Not all insurers cover all dental services.** This will serve as notice that you are responsible for payments of these services considered necessary by your doctor regardless of any insurance company's arbitrary determination of what it considers non-covered, is dentally unnecessary, experimental, or their arbitrary determination of usual and customary rates.

**Workman's Compensation and Dental Accident:** We do not bill nor do we accept payment from workman's compensation or your medical insurance. You are responsible for accidental claims through your medical provider. We will be happy to supply you with a claim to submit for your own reimbursement. Full payment is due at the time of service.

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**Easy Pay Consent Form:** We require all patients for whom we bill insurance; in conjunction with cash and check payments to sign an Easy Pay Authorization Form. This is a credit card voucher kept on file and used for payments due 45 days after your first 30 day billing cycle. Accounts past due 90 days are subject to monthly finance charges of 2.5% and a late billing fee of \$35. All balances are due upon receipt of your 1<sup>st</sup> statement.

**Past Due Accounts:** All payments are due within 30 days of the statement date. Past due accounts are subject to collection proceedings and are subject, but not limited to finance charges, late billing fees, collection fees, attorney fees, and court costs in addition to the balance due.

**No Shows and Late Cancellations:** We require 24 hour advance notice if you must cancel or change your appointment. For your convenience we offer an email/ phone call confirmation reminder 48 hours prior to your appointment. Each patient is allowed one no show/failed appointment. The second no show/failed appointment or less than 24 hour cancellation notice will result in a \$40 charge and any further failed appointments will result in an increased charge. Tuesday's appointments must be cancelled on the preceding Friday. This assessment will apply for hygiene appointments as well as doctor appointments. Please help us serve you better by keeping your scheduled appointment.

Your signature confirms that you have read and understand our patient registration forms, office and financial policies. It also authorizes this office to release information to file a claim with your insurance and authorizes them to assign benefits to Loree Schweiger Nicholas, D.D.S., P.C.

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Name (Please Print)

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Signature of Patient or Responsible Party      Date