REVOLUTION
·DENTISTRY·

Office and Financial Policies

Welcome and thank you for choosing Revolution Dentistry for your dental care. We are committed to providing you with the highest quality dental care, in an efficient, timely and cost-effective manner. We hope that by providing you with our policies in advance we can prevent any misunderstanding or frustration at the time of your visit.

_____ Appointment:
We do our best to keep on schedule, so please arrive in time. If you arrive more than 20 minutes past your appointment time you maybe reschedule so that other patients are not inconvenienced. Please inform the receptionist of any contact changes (i.e.: phone number, address, email, etc.) or financial changes (i.e.: insurance information, etc.). Failure to notify us immediately of changes in demographical or financial information may result in denial of your dental claim(s) by your insurance provider, thus increasing your financial responsibility for any services provided by our practice.

We require 24- hour advance notice if you must cancel your appointment. For your convenience we confirm your appointment with a call 48 hours prior to your appointment. If an appointment is cancelled in less than 24 hours or a patient does not show up to their appointment a cancellation fee will charged in the amount of $50 to your account. If you have two short notice cancellations a credit card deposit will be required to secure any subsequent appointment times.

_____ Insurance:
When making an appointment with our office, it is your responsibility to conform with your insurance company that Revolution Dentistry is currently under contract with your plan. As a service to you, we will bill your insurance company. While providing this service, it is extremely difficult for us to be aware of the multiple of individual requirements for each of these pans. Each plan has its own stipulations regarding coverage of, and payment for, dental services: therefore, it is your responsibility to know your plan's benefit policies including co-payments, prior to your appointment. In order for us to bill your insurance, we must have a copy of your dental care along with a driver's license of ID to confirm current demographic information. If it is not provided at the time of the appointment you can; reschedule, put a credit card on file or pay in full at the time of service. IF you put a credit card on file, you have 24 hours to issue the necessary insurance information before your credit card will be charged. We allow 30 days for your insurance to respond to a claim, and 60 days for them to process and/or issue payment. If your insurance does not respond or pay your claim within those 60 days, the full balance will become the patient/guarantor's responsibility. Your insurance coverage and benefits are a contract between you and your insurance company therefor all disputes must be handled by you.

_____ Dependent Insurance:
Parents are responsible for confirming insurance coverage and submission requirements for all dependent children. This is especially important for dependents between the ages of 18 to 26 as each insurance policy may vary. For dependents 18 to 26 that are full time students, confirmation of student status must be provided at the time of the appointment with a copy of a student ID or transcript.

_____ Payment in full is preferred at the time services are rendered:
Co-pays and all non-covered services are the insured/patient's financial responsibility and are due the day services are rendered. If a statement is mail, outstanding balances are due net 30. Past due balances are required to be paid in full before any further services are provided by our office, unless other financial arrangements have been made with our Business Manger. Failure to pay any past due balances will result in restricted services for you and your family.

_____ Payment Plans:
Delinquent accounts maybe placed with a collective agency and maybe subject to legal action. In the event that your unpaid balance is turned over to a collection agency for recovery or legal action is warranted, collection and attorney fees; as well as, court costs will be added to your balance. Returned checks will incur a $25 service fee.

_____ Minors:
The parent(s) or guardian(s) must accompany a minor for the first visit to our office. The parent(s) or guardian(s) are responsible for providing current insurance information for the minor and/or payment in full for service provided. For follow-up visits, unaccompanied minors must have a written authorization for dental treatment signed by a parent or guardian before treatment can be rendered.

_____ Medical Records (paper copy or electronic copy):
A copy of dental records and current radiographs will be sent upon receipt of a written signed request.

I have read and understand and agree to the above office and financial policies. I hereby attest that I have given and agree to provide current demographic and insurance information and authorize release of information necessary for insurance filing and pre-certification by signing this statement.

X_____ DOB:_____
Patient Name

X_____ Date:_____
Signature of Patient