

Hamilton House

D e n t i s t r y

Dr. Shannon Samuels

Office Policy

Thank you for choosing Hamilton House Dentistry as your dental healthcare provider. We are committed to providing the highest quality of care possible. In order to concentrate on patient care, we have implemented the following financial and office policies.

Self Pay Patients:

Full payment is due at the time of service. If you are in need of a payment plan, our office manager will be happy to discuss payment options you may qualify for such as providing a credit card number for recurring charges, or mail in payment coupons. For your convenience we accept cash, personal checks, MasterCard and Visa.

Patients using insurance:

As a courtesy to you, we will make every effort to determine the extent of coverage provided to you by your insurance company and the approximate dollar amount of their reimbursement.

Many insurance companies will reimburse *preventative care* at 100%. If you will benefit from *restorative care*, there is often a yearly deductible which you will be responsible for paying at your first restorative visit. In addition, at each restorative visit you will be responsible for paying your estimated portion of the total charges after insurance reimbursement. As your portion is only an estimate, any unpaid remaining balance is your responsibility. For *major restorative care* such as crowns, bridges or other prosthetic treatment our policy is: 1/2 of your estimated portion should be paid at the time of service and the other 1/2 of your portion is due at the delivery appointment. *This policy is strictly enforced.

Extended Payment Plans:

For your convenience we participate in "Care Credit". If approved, this plan allows you to make interest free monthly payments. Options of 3, 6 or 12 month plans are available. Following completion of a very brief application form, approval is usually verified within minutes.

Past Due Accounts/Returned Checks:

Past due accounts are referred to a collection agency, and a collection processing fee of \$250 will be added to your account.

A processing fee of \$25 will be added to any account receiving a bank returned check.

Third party Correspondence

In the event of any necessary correspondence between Hamilton House Dentistry and a third party such as divorce attorney or non-custodial parent, a \$25.00 administrative fee will be added to your account per communication with the third party.

Certainly however, after your second broken appointment you will be charged a fee of \$75 for that and any future broken appointments.

Cancellation Policy

We understand that occasionally appointments must be cancelled due to illness and we certainly do not want you coming to your appointment feeling sick. Upon your second broken appointment where **48** hours notice has not been given, however, you will be charged a **\$75.00** to **\$95.00** cancellation fee depending on the amount of time reserved for you. This policy is strictly enforced, as it is imperative that we are able to offer your scheduled appointment time to another patient who is waiting to be seen.

I _____ have read this policy, understand and agree to comply. (Signature of responsible party)

Date _____