

Golden Oak Dental Care Office Policies

If you are assigning dental insurance benefits; we will file claims on your behalf. Please present your insurance card at your visit. You may receive a statement before we have received a payment from your insurance carrier. Please allow sufficient time for claim processing. Arbitrary "Above Usual and Customary" amounts, as determined by your insurance carrier, are your responsibility. It is your responsibility to contact your insurance carrier with questions.

Copayments that are required by your Insurance Policy must be paid at the time of service. We accept cash, check, credit card and Care-Credit. A pre-treatment estimate will be sent to your insurance carrier prior to treatment date whenever possible. You are responsible for any co-payments above what the pre-treatment estimate states.

Workers Compensation, Accidental Injuries and Liabilities-If you are claiming worker compensation or filing claims to a liability carrier you still must obtain required personal health insurance referrals for all services provided you. In the event that payment is denied by workers compensation or liability carrier, we will file claims to your personal insurance company. You will be responsible for any payments denied.

Minors must be accompanied by a parent or legal guardian. If the parents are separated and both parents are legally responsible for treatment of their minor child, the parent or guardian that accompanies the minor to the office will be held responsible for payment of services should any dispute over payment arise. Golden Oak Dental Care will not enter a dispute between separated or divorced parents.

A recovery fee will be added to any account that goes into collection due to lack of payment. We will work with any family with financial issues; however it is your responsibility to keep the communication open. Failure to do so will result in the account going into collections.

We will ask periodically if any of your personal information has changed and will ask you to review and re-sign your forms. Please try to give as much accurate information as possible. We will not be responsible for errors due to missing or inaccurate information.

As a courtesy we try to confirm appointments. At times we cannot guarantee a confirmation call; therefore we will consider your scheduled appointment confirmation. If you are unable to keep your scheduled appointment, we ask that you give a 24 hour notice to allow us to schedule another patient. Appointments cancelled or broken without 24 hour notice may be assessed a fee based on prior missed appointment and/or length and severity of the treatment planned.

APPOINTMENT CONFIRMATION: I authorize Golden Oak Dental Care to confirm my appointments in the following manner: (Please check all that apply)

- Leave a message on machine or voice mail
- Leave a message with whoever answers the telephone
- Email a confirmation to the following address _____
- Do not confirm my appointments

SIGNATURE _____ DATE _____