

MICHAEL T. JONES, D.M.D., P.A. & ASSOCIATES

5613 Duraleigh Road, Suite 131 • Raleigh, NC 27612 • (919) 835-1998 • Fax: (919) 828-8939

OFFICE POLICY

Thank you for choosing us as your dental care provider. We are committed to providing you with the finest and most comprehensive dental care services today. We would like to assist you in optimizing the benefits you obtain from your insurance carrier and in minimizing your concerns about the cost of the services you receive. In order to achieve these goals, your assistance is needed. We will gladly file your Primary Insurance for you when the following requirements are met:

- It is verified by us that you have current dental insurance coverage, and
- Your Insurance company agrees to pay us directly.

Insurance:

However, all deductibles, co-payments and estimated amounts not covered by your insurance company are due at the time services are rendered. **We are not responsible for any exclusion(s) that may cause your claim to be denied in full, or in part. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.** Patients who carry a PPO, PDP, or PDO type of insurance program, are responsible for certain co-payments set by your insurance company. These payments are due at the time service is rendered. Any changes in your insurance must be called in prior to any scheduled appointment, so that we may have time to verify your new benefits. Inform us if there is a change in your address, employment, home and work numbers so that we may update our records and keep your account information current.

Children & Minors:

An adult must accompany any minors under the age of 18, or treatment will be denied. **The adult accompanying the minor is responsible for payment.** We as your caregivers cannot enter into domestic disputes. For unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been made. We suggest you send your child with a signed, blank check, or supply us with your credit card number and expiration date, which we can keep on file for their use.

NOTE: Due to health & safety reason, children under the age of 10 will not be allowed in the operatory room(s). Children under the age of 10 will not be left unattended in the waiting area. Childcare arrangement(s) must be made prior to patients' appointment.

Appointment:

An appointment written in our schedule with your name on it is a bond of trust that we will be here to serve you, and you will be present for that appointment. We reserve the right to cancel an appointment that has not been confirmed **48 hours prior** to scheduled appointment. We reserve the right to charge for all cancellations made **less than 48 hours** in advance, for broken appointments, and short notice changes.

(Over)

A **\$35.00** broken appointment fee will be charged to your account should you break a hygiene appointment and a **\$75.00 per hour** will be charged to your account should you break a doctor's appointment. The fee must be paid prior to your rescheduled appointment. Please help us serve you better by keeping scheduled appointments. We provide an answering machine during non-business hours, for your convenience in leaving a message. We also reserve the right to reschedule your appointment if you arrive late, dependent upon the schedule that day.

Payment Options:

In order to assist you with your dental care investment, we offer long term dental financing with an outside financing company. Upon qualifying you will be extended a line of credit for a specific period of time. If interested please ask us for details. Other payment options are cash, check, and most credit cards. We reserve the right to ask for prepayment on some procedures. If you present a check for insufficient funds, you will be charged a **\$25.00** fee for processing. Additional checks will not be accepted until the non-sufficient check and related fees have been paid.

Collection:

If you have an outstanding balance on your account beyond 120 days, your account will automatically be turned over to a collection agency. The responsible party will be liable for any collection fees that the account may incur.

Dental Record / X-ray(s):

There is a fee of **\$35.00** for dental record transfer or obtaining duplicate copies of X-ray(s).

Agreement:

Patients who carry dental insurance do hereby agree to assign the benefits that he/she is eligible to receive for the care rendered in this office to Michael T. Jones, D.M.D., PA and you understand and agree that you will be responsible for any expenses not paid by your insurance company.

I HAVE READ, UNDERSTAND, AND AGREE TO THE STATEMENTS OUTLINED ABOVE.

Signature _____ Date _____

Print Name: _____