



POLICIES & AUTHORIZATIONS

Thank you for choosing Darby Creek Dental as your dental healthcare provider. We are committed to your treatment being successful. Please understand that payment for your dental treatment is considered a part of your dental care. The type of treatment you need and receive is based on our professional judgment and not on whether you are covered by a dental benefit plan. We are more than happy to discuss any treatment plans, questions, or concerns to accommodate your dental care needs.

*****We require you to read and sign the following prior to any rendering of treatment*****

Understanding Your Dental Benefits and financial responsibility

- ❖ As a courtesy, our office will expedite the handling of your dental insurance claims. Majority of dental claims are submitted electronically, which accelerates the claim processing for the most expedient reimbursement of your dental benefits.
- ❖ Upon treatment recommendations, our office will present a treatment plan to you explaining the necessary treatment needed, a cost estimation of what your dental plan may cover for the needed services, and the appointments required to complete treatment. This is only an estimation based on your individual dental benefit plan summary on file, not a guarantee of coverage.
- ❖ If you are entitled to dental benefits, the estimated non-insurance amount will be collected at the time services are rendered or otherwise specified. Your dental plan holds the right to deny or pay a different fee amount for services rendered. This may result in further payment due to our office. This balance is YOUR responsibility.
- ❖ Pre-authorizations may be submitted to an insurance company for benefit determination review at the request of the patient. However, please remember that the financial obligation for dental treatment is yours.
- ❖ If you believe that the dental benefits provided by your plan are insufficient, we recommend you contact your employer, or dental plan carrier directly to obtain a more detailed explanation.

MINOR PATIENTS

- ❖ Any adult, parent, or guardian accompanying a minor, will be responsible for any payment due at the time services are rendered. For unaccompanied minors, non-emergency treatment will be denied unless fees and treatment have been previously authorized.

PATIENT PAYMENT/FINANCING OPTIONS

- OPTION 1 Cash/Check**
- OPTION 2 Visa/Mastercard/American Express/Discover**
- OPTION 3 CareCredit**
 - 3a) No Interest Payment Plans
 - 3b) Low Interest Payment Plans
 - 3c) Credit approval is required
 - 3d) See office staff for details

CANCELLATION POLICY

At Darby Creek Dental, we understand that sometimes circumstances arise that prevent patients from keeping appointments. It happens to the best of us! To support our facility in providing quality and efficient patient care, we require and appreciate a business days notice for any appointment changes. This allows us time to offer the appointment to another patient who may be scheduled out several weeks or for emergency patients.

WE RESERVE THE RIGHT TO APPLY A FEE OF \$25.00 FOR ANY BROKEN APPOINTMENT WHEN A BUSINESS DAYS NOTICE IS NOT GIVEN.

Please let us know should you have any questions or concerns.

I HAVE READ THE POLICIES AND AUTHROIZATIONS FORM. I UNDERSTAND AND AGREE TO THE TERMS AS OUTLINED.

Patient or Responsible Party

Date