



# AD DENTISTRY

Steven Rattner, DDS | Andrew Donald, DDS | Devon Allison, PhD, DDS

## **OFFICE POLICY AGREEMENT**

Welcome to our Practice. In our continuing efforts to provide comprehensive dental care to you, our valued patients, we ask that you become acquainted with our office policy. If at any time you have any questions, please feel free to ask so that we may better serve you. All recommended treatments are in the best interests of our patients. We will not allow insurance companies to dictate treatment so therefore we will inform you of the fees before we perform all procedures. We will assist you in your payment options to help you receive the treatment that is necessary for your needs. Also, we have a website where you will be able to conveniently access your account and information.

### **DENTAL INSURANCE:**

Our office will file most claims to your insurance carrier on your behalf and provide all necessary information to process your claim. Our office is neither an agent nor an employee of the insurance company. We accept assignment of estimated insurance benefits as a courtesy to our patients, provided that you submit a completed original insurance claim form or card. The relationship we have is with you, our patient. If, for any reason, your insurance does not pay for services rendered by Dr. Steven Rattner and Associates, **you, the patient, are solely responsible for your balance. All estimated co-payments and deductibles are due when service is rendered.**

### **PREFERRED METHOD OF PAYMENT:**

Our office accepts payment by cash, checks (with proper ID), and all major credit cards. For patients who require financial assistance, we offer different payment plans through a third party (upon approval) which allows you to start a treatment today and spread payments over a comfortable period of time. There will be a \$35.00 returned check fee applied to your account if the bank denies your check. Payment will be expected within 48 hours from the bank, in cash or money order.

### **GENERAL APPOINTMENTS:**

We reserve appointment time especially for you and your specific dental needs. We ask that you kindly give us **TWO FULL BUSINESS DAYS (48 hours)** notice if you are unable to keep your appointments.

The fee for canceling appointments within less than 48 hours is **\$50.00** per half hour for those scheduled for Mondays through Fridays and **\$75.00** per half hour for Saturdays. When a family is going to be seen on the same day, we require ONE WEEK notice if two or more members need to cancel their appointments. When more than one appointment is cancelled with less than one week's notice, we will charge each member of the family who cancels the appointment.

When you are scheduled for an appointment, we have set aside time to address your questions and concerns. Therefore, it is essential that all patients arrive at their scheduled time. Should you arrive **15 minutes late** for your scheduled appointment time, your appointment will or may need to be rescheduled.

**SPECIALTY APPOINTMENTS:**

**Periodontal procedures, Crowns/Bridges, & Root Canal Therapy:**

These appointments **require a span** of time set-aside especially for you. We require three business days' worth of notice if you are unable to keep your appointment. The fee is **\$50.00** for a broken appointment.

**Oral, Implant, and Periodontal Surgeries:**

These appointments **require large spans** of time set-aside especially for you. We require four business days' worth of notice if you are unable to keep your appointment. The fee is **\$100.00** for a broken appointment.

Appointment delays unfortunately do occur occasionally, they happen due to a dental emergency that one of our patients is having or when a patient needs more time with a doctor or dental hygienist. We ask for your understanding if this should occur.

**AGREEMENT TO PAY:**

There will be a finance charge of 1.5% per month (\$0.50 minimum) on all balances overdue by 60 days with an additional \$5.00 late fee per month. If there is a default of payment on any amount due, and your account is placed in the hands of an attorney or collections agency, you will be charged an additional amount of 33% to the processing fee as well as any collection agency/attorney fees.

You, the undersigned, have read and agree to the terms listed above as acknowledge receipt of a copy of this form.

---

Patient/Legal Guardian Signature

Patient's Printed Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Revised July 2024