Hamilton Mill Dental Associates

Welcome to our practice
We appreciate the trust you have placed in us

Insurance

Professional services are rendered and charged to you, not your insurance company. ***Please understand that the contract is between you and the insurance company and payment for services is your responsibility.*** We will accept assignment of claims for primary insurance. ***ALL DEDUCTIBLES AND FEE AMOUNTS NOT COVERED BY INSURANCE ARE DUE AT THE TIME OF TREATMENT***. We do not file secondary insurance.

Our office will not enter into a dispute with your insurance company over your claim. This is your responsibility and obligation. If at the end of 60 days, your insurance company has not paid, you are responsible for the entire balance. Upon request, we will supply you with a copy of the claim so that you can resubmit if necessary.

In order to honor any insurance benefits, you must provide insurance identification (i.e. insurance cards, phone numbers, & picture I.D.) and we must be able to verify the current benefits available.

Please be advised that you may be billed for services that your insurance company will not cover due to exclusions or plan limitations. In most cases, a pre-treatment estimate can be sent to your insurance company, therefore giving us an estimated portion due by you at time of service.

Please be advised that we do not do amalgams (silver fillings) in our office. At times, insurance may pay the composite (white) restorations at a reduced rate, making you responsible for the balance owed.

Office Fees

Payment is expected at the time service is rendered. For your convenience we accept cash, check, Visa, Master Card, Discover, and American Express. If you present a check for insufficient funds or stop payment on an issued check, you will be charged a $ 35.00 processing fee.

In the event the delinquent account has been turned over to our collection agency a 40% collection fee will be added to your account for the entire balance.

If you break an appointment with our office, we ask for a 24 hour notice of cancellation. If we do not receive a 24-hour notice, you will be charged a $ 30.00 fee for the scheduled appointment. This fee cannot be charged to your insurance company. If you repeatedly miss scheduled appointments you may be asked to pursue treatment elsewhere.

Dentists employed at this office are independent contractors.

I have read and understand the statements outlined above.

Signed _____ Date_____

Print Name _____ Date _____