

O'Farrell Family Dental
916 Dewar Drive
Rock Springs, WY 82901

Financial Policy

We understand that you have many choices when it comes to your oral health and we appreciate that you have chosen us. Before we get started we want to make sure you have a clear understanding of our financial policy so there are no surprises or unwanted stress when it comes to your treatment.

Insurance

When it comes to insurance the contract is between you and your insurance company. We are happy to submit your claim to them as a courtesy. However, that does not mean they will pay for any of the services rendered. You are responsible for **all** fees that are incurred during your appointment. Most insurance companies pay on the claim within thirty (30) days. If our office does not receive the payment from your insurance company within forty-five (45) days, the balance will be your responsibility to pay in full. If after the forty-five (45) days our office receives a payment from your insurance company and the account has already been paid in full we will refund you the insurance payment. If at any time, there are changes to your insurance coverage it is your responsibility to inform our office.

Payments

For patients who first appointment with us is an emergency visit. The fees that are incurred during that initial visit are due at the time services are rendered. If you have insurance we will file the claim on your behalf and our office will either reimburse you or use the credit towards future dental treatment.

For patients who do not have insurance coverage, payment is due in full at the time services are rendered.

Our office accepts checks, cash, Discover, MasterCard, Visa, and American Express.

We also accept CareCredit for balances less than ninety (90) days.

Patients with insurance coverage your deductible and your estimated copay are due at the time services are rendered.

For any treatment that requires dentures, partial dentures, crowns, and bridges to be fabricated by a dental laboratory, a 50% lab fee is due at the time of the first impression. For major procedures such as Root Canal Therapy there is a 50% deposit due the day of the procedure. If you do not have insurance

the balance is due when the doctor either seats or delivers the final product. If you do have insurance, we will bill the insurance at this time and any balance that is left unpaid is your responsibility.

We are happy to accept your checks however, if your check is returned back to us from the bank for any reason there will be a returned check fee of \$50. Your account then will have to be paid with cash, debit card, or credit card.

Unless prior arrangements have been made in writing with our financial coordinator, the balance on your statement is due in full upon receipt. If the balance is not paid in full within thirty (30) days from the statement is now considered past due.

Delinquent Accounts

Accounts become delinquent when our office has not received a personal payment within the last ninety (90) days. After reasonable effort has been made to collect on the balance the account will be turned over to Rocky Mountain Service Bureau. There will be a fee added of 50% of the balance turned over. In order to be seen again in our office the balance plus the fee must be paid in full. Your account will be placed on "cash due at time services rendered" status.

Appointments

Here at our office we want to give you plenty of time with the doctor and staff so you receive that best care possible. Therefore, we do not double book patients or have patients on last minute notice. We ask that if you need to cancel or reschedule an appointment please give us a 24-hour notice.

We try not to run behind schedule because we understand your time is valuable and we ask that you respect our time as well and please arrive on time to your appointment. This will ensure that the other patients' appointments can start on time as well. If you arrive 15 minutes late to your appointment, we hold the right to reschedule you. If you know you are going to be late, please call and let us know.

We understand the life gets busy and time goes by fast however there may be cancellation fees incurred for patient who repeatedly cancel or have a longer appointment time and give less than 24-hour notice. If you miss more than 2 appointments without notifying us we hold the right to dismiss you as a patient. If we choose to dismiss you, we will notify you via letter.

Transfer of records

In order for our office to transfer your records to another doctor, we will need you to sign a release stating who we are releasing your record to and that you have authorized us to send them all relevant information regarding your dental treatment in our office.

I have read and understand the financial above and have had all my questions answered. I understand that I am entering an agreement with O'Farrell Family Dental LLC (creditor) and myself (debtor), as the patient or responsible party listed below. I also authorized for O'Farrell Family Dental LLC submit claims to my insurance and receive payments from them.

Patients Name: _____

Responsible Party: _____
(if patient is under
18 years old)

Signature: _____ Date: _____