

OAKWOOD DENTAL INSURANCE POLICIES

"Benefit coverage is a contract between you, your employer and your insurance company".

Sending each insurance claim electronically:

After each procedure we will be **sending insurance claims electronically** to ensure a more relaxing visit. However, please note that some insurance policies do not allow such service. Therefore, a manual claim will be submitted.

Allowing assignment:

After the claim is sent electronically, any insurance payments will be directed to the office. However, please note that not all insurance companies allow this service. Therefore, patients with insurance coverage that do not allow assignment are expected to make **payments in full to the office** as the insurance reimbursement will be directed to them.

Remaining patient balances:

It is the patient's **full responsibility to cover remaining amounts** that have not been covered by their insurance policy (i.e. difference in fee guides, coverage less than 100% etc ...)

Retrieving insurance coverage information:

We do our best to retrieve most information about your dental coverage; however, most insurance companies have a strict privacy policy, which does not allow dental offices to obtain such information. Therefore, it becomes the **patient's responsibility to obtain coverage information** and to inform the office in order to ensure that we are staying within dental benefits.

I, _____(name) have read and understood the above policies.

Signature: _____ Date: _____

OAKWOOD DENTAL APPOINTMENT POLICY

Here at Oakwood Dental, we make it a priority to value your time, and we respectfully expect the same in return. Your appointment time has been reserved exclusively for you. We ask that you give us as much notice as possible if you have to change your appointment, so that we may offer the time to another patient.

Please note that if you need to reschedule an appointment, we require at least a 72-hour cancellation notice or a short cancellation fee of \$50.00 will be applied to your account. If there is no cancellation notice, a no-show charge will also be applied to your account.

****Appointments that are **two or more hours long** OR **multiple appointments for one family** require a **week's notice**. Failure in doing so will also result in a **cancellation charge***
* * *

It is the patient's responsibility to make sure that the reserved appointment is attended. However, as a courtesy, we may provide a confirmation call as a brief reminder. In order to avoid any confusion, we ask that each patient return any messages left by the receptionists to ensure that the message has been received and that the scheduled appointment will be attended. Failure to return phone calls will result in an **automatic cancellation** of the appointment, which will also result in a **cancellation charge**

I, _____(name) have read and understood the above policies.

Signature: _____ Date: _____