

Image Dental

Office Policy

Thank you for choosing us for your dental care provider. We are committed to providing you with the best dental care possible.

Regarding Insurance

For covered services, we ask that all co-pays and deductibles be paid on the day of treatment. Since your insurance company may not cover all costs, we also ask that you pay any percentage of the balance not paid by your insurance on the day of treatment. For services that are not covered by insurance, we request payment at the time of service.

We will attempt to answer any questions we can about your insurance and, when possible, we will assist in resolving complications with claim filing. Please understand that we cannot speak on their behalf. Your insurance contract is an agreement between you, your employer, and your insurance carrier. In the event that your insurance company does not pay; you will be responsible for the balance due. As a service to you, we provide an ESTIMATED verification of benefits. Waiting for insurance payment is a courtesy we extend to our patients.

It is your responsibility to inform our business team of changes in your insurance coverage.

Patients without Insurance

For those without insurance coverage, we request payment at the time of service. If you are unable to pay in full, or your treatment requires several visits, you will be given an estimate and will be able to discuss payment arrangements with our financial coordinator.

Collections

Any changes not paid within 90 days of service date are subject to a 1.5% later charge per month. You will be responsible to pay all the cost in collecting, or attempting to collect any debt owed. This will include attorney, interest and late fees.

Minor Patients

All patients under the age of 18 will not be seen nor treated, in the absence of a parent or legal guardian, without a signed consent form, unless prior arrangements are made.

Cellular Phones

Please turn off all cell phones before entering the treatment rooms so our team may provide service in a timely manner.

Tardy Policy

Because we respect our patient's time, we reserve the right to reschedule an appointment if you arrive 10 minutes late.

Cancellation Policy

We reserve the right to charge for appointments cancelled or broken without a 24 hour advance notice.

Infection Control

No food or drink allowed in or beyond the reception area. During treatment, ONLY patients being treated are allowed the treatment room.

I hereby authorize payment to Image Dental

Name _____

Date _____