



Litchfield Dental Associates, LLC

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Office Policies

Thank you for choosing us for your dental needs. It is our primary goal to provide you with excellent dental care. This Financial Policy and Agreement is indicative of our respect of your right to know ahead of time what our expectations are in the area of finances and policies.

Dental Insurance: As a courtesy we will gladly file your claims and accept assignment of dental insurance benefits provided you agree to the following:

- You must provide us with an insurance card and all the information necessary to verify your dental coverage to file your claim.
- We accept almost all insurance plans, however, we are considered in network with **some** Delta Dental and Anthem policies. It is your responsibility to find out if we are an in network provider with your insurance plan. We do not accept Medicare or Husky.
- Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract.
- We will do our best to maximize your benefits and give you a close **estimate** of your next visit's total bill. Payment is due at the time of treatment. Please bring cash, check or credit card.
- **Not all services are a covered benefit in all contracts.** Some insurance companies will select certain services they will not cover. It is *your* responsibility to thoroughly understand the coverage and exceptions of your particular policy. Coverage issues can only be addressed by your employer or group plan administrator. We cannot act as a mediator with the carrier or your employer.
- **All dental services rendered, whether or not covered by your insurance, are ultimately the financial responsibility of the account holder regardless of the reason for non-payment.**
- **If after a claim payment there is an outstanding balance not paid by your insurance plan, a statement will be mailed to you. Payment in full is expected on or before the due date printed on the statement.**

Patients without dental insurance: We provide written estimates of fees, and payment is expected on the day treatment is rendered.

Minor Patients: The parents or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, **the parent accompanying the child is responsible for payment, without any exception.** This office will not attempt to collect payment from a parent that is not present in the office at that visit.

Missed or Broken Appointments: We love our patient and consider the time set aside for your appointment to be your alone. For this reason we do not double book our schedule or accept walk in appointments. Consequently, when a patient cancels their appointment with minimal notice, our entire practice is affected. We understand that cancellations are sometimes necessary, but we all pay the price for last minute cancellations. Plus, when a patient routinely misses appointments, that patient's dental health suffers as well. Not only are we committed to bringing you the very best professional and personal care that we can, we also place value on your time. Please pay us the same respect by giving us enough advanced notice when you cancel an appointment so that we can use that time for the benefit of our other patients who need appointments. We send out text messages, emails, and personal phone calls starting one week in advance to best prepare you for your upcoming appointment. If you are not receiving these messages please let us know. As of 10/1/21 our policy is that you must give us a **MINIMUM 48 HOURS** notice or there will be a charge for a failed or cancelled appointment.

Fees for cancellations less than 48 hours in advance of failed appointment are as follows:

- 1st incident: \$50
- 2nd incident \$100
- 3rd incident: \$150, we will then place you on a “same day booking” policy and we will no longer schedule your appointments in advance.

Saturday Cancellations: We offer Saturdays as a convenience to our patients who have a hard time coming in during the work week. There will be an automatic \$100 broken appointment fee for Saturdays if canceled less than 48 hours in advance. If this happens twice, we will no longer be able to book Saturday appointments for that patient.

Returned Checks: A \$40.00 charge will be applied when a check is returned to the bank.

Outstanding balances: Outstanding balances must be paid in full before the next appointment for any account member or within 30 days of treatment, whichever comes first. If your account balance remains after 90 days a Final Notice will be mailed. If after 120 days the balance remains, your account will be forwarded to the Collection Agency. Only after the total delinquent balance has been paid in full can an appointment be made.

Payment Promotional Discounts: Senior Courtesy (ages65+), and Pre-Payment – please note they cannot be combined.

X-ray Policy: Dr Sideris and staff are here to help you achieve the healthy smile you deserve so they may advise you of necessary treatment to help keep your mouth healthy. We do require that x-rays be done as a part of your regular cleaning no further apart than 2 years as they are vital in diagnosing any internal issues/cavities withing the teeth that cannot be seen with the naked eye. We do respect your right to refuse x-rays, however, failure to allow us to conduct x-rays at least every 2 years is considered supervised negligence and we will have to refer you to another dentist as we have an obligation to you to provide a quality standard of care and cannot do so if we are not allowed to properly examine and diagnose.

Periodontal Policy: In accordance with the Academy of Periodontology, patients will receive a comprehensive periodontal evaluation, and their risk factors will be identified on at least an enual basis. This includes measure probing depths of pockets of gum tissue and gingival recession to evaluate the health of the subgingival area with measures such as bleeding in probing to detect any endodontic-periodontic lesions. If your exam concludes that you need periodontal treatment you may be referred to a periodontist and be scheduled for in office root planning/scaling. Your cleaning will now be increased to either 3 or 4 per year, depending on your needs. Your hygienist will explain the risks and implications of having periodontal issues and the consequences of not treating it as we treatment plan for you. Failure to comply with the periodontal plan outlined by your providers will result in dismissal from the practice. We will only provide our patients with an excellent level of care and we cannot do that or guarantee a positive outcome if you do not follow our treatment plan. If we cannot treat you properly then it is considered substandard care and ethically we cannot be an accessory to such care and you will need to find another dental provider.

Recare Policy: In the event that you fall behind in your regular cleaning schedule, we may require additional visits to ensure that your oral health is treated properly. This may include coming back for any remaining treatment that could not be completed in one appointment. An additional charge will be incurred that your insurance may not cover and you will be responsible for that payment at the time of your appointment.

Patient's Signature _____

Date _____

