

OFFICE POLICIES

Thank you for choosing Summit Dental to provide your dental care. Our commitment is to provide you with the high quality of care that you deserve while developing and maintaining long-term, friendly relationships. We will always be able to provide you with comprehensive treatment plans and will explain and discuss treatment options, payment options, and estimated insurance amounts. We will also always strive to treat you just like we would want a member of our own family to be treated.

Appointments

A specific amount of time has been reserved for you when making an appointment. Please be considerate in giving us at least 24 hours notice when needing to reschedule an appointment. Giving us 24 hours notice allows us to keep our schedule filled with emergency calls or patients on a waiting list.

Insurance

We will still accept your insurance and file it for you as a courtesy. **However, it is important to understand that our office can only provide you with estimations of what out of pocket expenses will be.** The reason for estimations is because we are not in a contract with any insurance company and they will not provide us with their fee schedules. We try our best to estimate your portions with the most up to date information provided from your insurance company. Ultimately, you are responsible for reconciling your account for any services rendered. **We will no longer be filing secondary insurance for patients.** We will be happy to assist you in filing but we will only accept payment from patient's primary insurance policies.

Payment/Payment Plans

We require payment in full at the time of service. For patients with insurance, we require payment for the estimated portion that insurance does not cover at the time of service. We still maintain a 5% discount for patients paying in full at the time of service without the assistance of insurance or Care Credit. To finance dental work, we use Care Credit. Care Credit is a no or low interest finance plan that we offer to our patients for assistance. This has been a very helpful resource for many patients to spread payments out over 6 or 12 months. We are happy to apply for you in our office or give you all the information so that you can apply on your own. **We are not able to finance any dental work outside of the use of Care Credit. Patients with a balance past due 60 days will be charged a \$20.00 statement fee. All balances 90 days past due will be turned over to a third party for collections.**

Appointment Confirmations

We are now using email as much as possible and when appropriate to contact patients. If you are interested in receiving email correspondence, please make sure we have your email address on file. Also, please keep us up to date with any changes to phone numbers and addresses. If you have preferences on how we contact you or numbers that you do not want us to use, please make note of that on your paperwork or inform one of our staff members.

We appreciate the confidence you have placed in us to take care of you and your family's dental health. Please feel free to ask any questions you have regarding any changes to our office policies.

Signature of Patient or Responsible Party: _____ Date: _____