

Scheduling and Financial Policies

Hill Family Dentistry is a general dental office that strives to provide quality, individualized care for each patient. We want to make sure you are given the time needed for us to provide that care in a kind, relaxing, family-oriented environment. We do not overbook our schedule so Dr. Hill and our team can give each person our attention. Because of these goals, we need your help as a participant in your care.

We understand that unanticipated events happen. In our desire to be fair to all patients, the following policies are honored in this office. Please initial by each item:

____1. Please plan to arrive 10-15 minutes prior to your appointment time in case a delay should occur, such as traffic. Your appointment is reserved especially for you. If you arrive late, your appointment may need to be cancelled or shortened in order to accommodate other patients who have appointments after you. Depending on how late you arrive, our team will determine if there is enough time remaining to start treatment. Out of respect for Dr. Hill, the hygienist, our team and other patients, please plan accordingly. Arriving too late will result in a \$25 broken appointment fee.

____2. We make an effort to call each patient one week before and the day before each appointment. We require confirmation from you of each appointment since we have patients wanting to come in – especially for certain high-demand time slots.

____3. Out of courtesy for our other patients and team, PLEASE DO NOT COME IN SICK! If you have an illness, please call as early as possible. If you are unsure, please ask. If it is outside of regular hours, please leave a message on our machine and someone will return your call. We will do our best to reschedule your appointment in a timely manner.

____4. Twenty-four hours advance notice is required when cancelling or rescheduling any appointments so we have time to fill the spot with someone from our waiting list. We are sympathetic to unforeseen circumstances and will do our best to help.

____5. We desire to provide quality care you will come to know and appreciate. For this reason, we will strictly enforce this policy. Late cancels and no shows create a hardship for our practice. We are a small business and cannot absorb the loss of income related to the many personal reasons why someone needs to cancel an appointment last minute. If you are able to reschedule your appointment later in the same day, there will be no charge. Otherwise, you will be charged a cancellation fee of \$25, which does not even cover the cost of your visit. We greatly appreciate your understanding in this matter because when you cancel last minute, we still have to pay staff and cover other expenses. This cancellation fee is due before your next appointment and is not covered by dental insurance benefits.

____6. Patients with repeated cancellations, no-shows or late arrivals will be subject to discharge from the practice and will need to seek dental care elsewhere.

____7. Our commitment to you is to respect your time. We pride ourselves in not overbooking and being able to start your appointment on time or at least within 10 minutes of your appointment time. At your confirmation call, we will let you know an anticipated length of your appointment. If you have another commitment after your appointment with us, please let us know, but we are unable to rush or cut your allotted time short. The quality of your care will suffer if time constraints exist.

_____8. In the event we are unable to reach you by phone or email to remind you of your appointment, you are still responsible for knowing when your appointment is and the broken appointment fee will apply.

_____9. If your hygienist is sick or has an unexpected absence, we will do our best to have another one of our hygienists cover. We will inform you as soon as possible about the change. We will do our best to accommodate your Hygienist preferences but due to unforeseen scheduling changes, you may need to occasionally see another one of our hygienists.

_____10. Dr. Hill makes treatment recommendations based on your individual oral health needs and not based on what your dental benefits plan will cover. We do our best to give you a rough estimate of what your dental insurance benefit plan MAY cover, but it is never a guarantee of payment. As a courtesy, we will file your insurance claim for you along with necessary documentation. Ultimately, you are responsible for being knowledgeable of your specific plan and its limitations. You are also responsible for the balance on your account for services rendered if your insurance carrier decides to not pay for treatment.

_____11. You will be provided with an estimate of your out of pocket cost for treatment. The day of treatment, your portion will be due. After your insurance claim is processed by your dental benefits company, there may still be a remaining balance. If so, you will receive a statement in the mail and payment is due within 30 days. If payment is not received within this time frame, your account will be turned over to our collections agency. If there is a credit balance, you will be notified of the option to maintain the credit on your account for future treatment or receive a refund. If you select a refund, that will be issued to you within 30 days after you have made your choice. If you have questions about your financial obligations, please let us know so we can discuss this in more detail with you privately.

We hope through this document that you can understand our policies as well as our promises to you as a patient. We look forward to serving you and continuing to offer quality care. We are honored you chose us as your dental care provider.

Sincerely,

Cara Clark Hill, DMD and Team

Hill Family Dentistry

I have read, understand and will follow Hill Family Dentistry's Policies that are mentioned in this letter. I have been given an opportunity to ask questions and have them answered in a way I understand.

Signature: _____

Printed Name: _____

Date: _____