

BLUE HILL DENTAL

OFFICE POLICIES

INSURANCE POLICY:

AS A COURTESY WE WILL VERIFY YOUR INSURANCE COVERAGE AT YOUR NEW PATIENT APPOINTMENT AND AS A COURTESY WE TRY TO VERIFY COVERAGE ONCE PER YEAR. IF YOU HAVE CHANGES WITH YOUR DENTAL INSURANCE COVERAGE, IT IS YOUR RESPONSIBILITY TO INFORM US OF THIS CHANGE. PATIENT CO-PAYMENTS ARE ONLY ESTIMATIONS AND NOT A GUARANTEE OF PAYMENT FROM YOUR DENTAL INSURANCE CARRIER. YOU ARE ULTIMATELY RESPONSIBLE FOR ANY SERVICES NOT COVERED UNDER YOUR INSURANCE PLAN.

NEW PATIENT APPOINTMENTS:

INCLUDED IN YOUR FIRST APPOINTMENT IS A FULL COMPREHENSIVE EXAM (WHICH INCLUDES AN ORAL CANCER SCREENING), AND A FULL MOUTH SERIES OF X-RAYS.

A DENTAL CLEANING WILL MOST LIKELY **NOT** BE DONE AT THE TIME OF YOUR NEW PATIENT APPOINTMENT. HOWEVER, OUR FRONT OFFICE TEAM WILL HELP YOU SCHEDULE A DAY AND TIME THAT IS CONVENIENT FOR YOU TO COME HAVE YOUR TEETH CLEANED WITH OUR HYGIENIST.

EMERGENCY APPOINTMENTS:

AT BLUE HILL DENTAL, WE DO NOT DOUBLE BOOK APPOINTMENTS, UNLESS THERE IS A DENTAL EMERGENCY. IN RESPECT FOR OUR OTHER PATIENTS, EMERGENCY APPOINTMENTS WILL BE LIMITED TO A 30 MINUTE TIME FRAME.

MEDICAL CONDITIONS:

AT BLUE HILL DENTAL, OUR PATIENT'S HEALTH AND WELL BEING IS OUR MAIN PRIORITY. BY DR. RANA'S DISCRETION, WE MAY ASK TO HAVE A MEDICAL RELEASE SIGNED BY YOUR MEDICAL DOCTOR BEFORE WE PROCEED WITH DENTAL SERVICES. THIS IS A STANDARD PROCEDURE TO ENSURE THE SAFETY AND OVERALL COMFORT OF OUR PATIENTS.

TREATMENT PLANS:

AS A COURTESY TO OUR PATIENT'S, WE STRIVE TO BE ACCURATE WHEN PRESENTING OUR TREATMENT PLAN ESTIMATIONS. HOWEVER, **THESE ARE ONLY ESTIMATIONS**. ULTIMATELY, THE PATIENT IS RESPONSIBLE FOR THE TOTAL BALANCE DUE.

CANCELLATION/NO SHOW POLICY:

AT BLUE HILL DENTAL, WE DO NOT DOUBLE BOOK APPOINTMENTS, UNLESS THERE IS A DENTAL EMERGENCY. BECAUSE OF THIS, WE HAVE A VERY STRICT CANCELLATION/NO SHOW POLICY, WHICH MUST BE FOLLOWED.

PLEASE NOTE: WE REQUEST A 72 HOUR NOTICE IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT. THERE WILL BE A \$50.00 PER HOUR CANCELLATION/NO SHOW FEE APPLIED TO YOUR ACCOUNT IF WE DO NOT RECEIVE A NOTICE WITHIN THE ALLOTTED TIME FRAME.

AS A COURTESY TO OUR PATIENT'S, WE SEND TEXT/EMAILS AND/OR MAKE PHONE CALLS TO REMIND EACH PATIENT OF THEIR APPOINTMENT. IN RETURN, PLEASE REPLY TO CONFIRM YOUR APPOINTMENT.

SERVICE CHARGE: PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. I agree to pay any outstanding insurance balance within 90 days. If I do not pay the entire balance within 90 days of the statement due date, without making financial arrangements, a monthly finance charge of \$35 will be added to the account until the balance has been settled. I understand if my account is not brought current after 90 days, Blue Hill Dental has the right to send my account to collections with any incurred finance charges.

REFFERALS:

Earn points toward becoming a VIP Patient, ask a team member for details today!

PATIENT NAME: _____

DATE: _____

PATIENT SIGNATURE: _____

DATE: _____