

OFFICE POLICIES

THE DFW DENTAL IMPLANT CENTER
5301 Colleyville Blvd Ste 110, Colleyville, TX 76034

FINANCIAL POLICY

Payment for Services Rendered: Payment is due at the time services are rendered. We accept cash, checks, debit cards, credit cards, third-party credit plans and PPO dental insurance plans. We do not accept Medicaid or DHMO capitation plans. If you would like us to file the insurance claim on your behalf, we will be happy to do so as long as you provide us with adequate insurance information.

Important Information

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.
2. All charges are your responsibility, regardless of whether or not your insurance company pays for services rendered. Please note that NOT all services are a covered benefit in all contracts and these services may NOT be covered at 100%.
3. Fees for the services provided, along with unpaid deductibles and co-payments, are due at the time of treatment. We accept cash, checks, debit cards and credit cards as forms of payment.
4. If the insurance company does not pay your balance in full within 30 days, we ask that you contact your insurance carrier to help expedite the processing of your claim.
5. If the insurance company does not pay in full within 45 days, we require you to pay the balance due. If the insurance payment is received after we have collected your payment, we will either credit the payment to your account or refund you the difference.
6. You will be responsible for notifying us immediately of any changes in your mailing address, job status, insurance status, and availability of benefits. A failure to do so may result in an outstanding balance, for which you will be responsible.
7. For patients who wish to pay for treatment over an extended period of time, we offer a payment plan that is administered by an independent company. If you are interested in making affordable monthly payments, please ask the Office Manager for details and the credit application.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

24-HOUR CANCELLATION POLICY

If you wish to reschedule or cancel your appointment, please notify our office at least 24 hours in advance by calling (817) 498-3331.

I hereby acknowledge that I have read and understand the Office Policies of The DFW Dental Implant Center. I understand that these Office Policies may be revised and that I am entitled to receive a copy of this Notice and any revisions upon request.

Signature: _____ Date: _____

Print Name: _____