



THOMPSON DENTAL
at Trinity
FAMILY & COSMETIC DENTISTRY

Financial and Cancellation Policy

The goal of Thompson Dental at Trinity is to provide exceptional customer service and excellent dental care with both a professional and personal touch. We want to make certain that our financial policies are clear and understood by you. If you have insurance, we will make a good faith estimate of your benefits and defer billing you for that amount up to 60 days. We will file the appropriate claim forms with your insurance company, provided that you provide us with your personal information including social security number and date of birth. We will also assist you in understanding your dental plan benefits. If your insurer denies coverage, or if we otherwise do not receive payment within 60 days from the date services are rendered, the amount will then become due and payable by you. Please remember that your coverage is a contract between you and your insurer and/or your employer and your insurer. Although we will make every effort to help you obtain your benefits, **we cannot guarantee your insurer will pay.**

Your payment is due at time of service

Fees for treatment are due at the time treatment is rendered after deduction of your good faith estimate of insurance benefits as described above.

Payment options: Cash, Check, Visa, MasterCard and 3rd party financing through Capital One Health Care.

Patient Responsibility

I acknowledge my responsibility for payment of services rendered by Thompson Dental at Trinity in accordance with our fees and terms. I understand my responsibility is not modified by whether any third party (insurance) pays for all, part or none of the charges. If the balance on your account is not paid within 30 days of statement, your account will become delinquent and will be forwarded to a third party collection agency. If this becomes necessary additional fees may be added to cover handling charges.

Assignment and release

I authorize payment to be made directly to the dentist by my insurance company and I accept financial responsibility for all service not covered by my insurance and I authorize release of any medical care information requested by my insurance carrier. This agreement becomes effective the date the patient begins their first visit with Thompson Dental at Trinity.

Cancellation Policy

At Thompson Dental at Trinity, we recognize that in today's busy world, adhering to a schedule is important in order to maximize time and meet the demands of daily life. With this in mind, we have developed a cancellation policy that is fair to both our patients and our practice. We are committed to seeing our patients on time and respecting their time. Late cancellations (less than 48 hours notice) failed appointments, and late arrivals are disruptive to our schedule and other patients. In order to maintain our schedule we request 48 hours notice for cancellations or rescheduling of appointments. In the instance of a late cancellation (less than 24 hours notice) or a failed appointment there may be a **\$30.00** charge per hour of scheduled appointment.

Patient Name _____

Signature _____ Date _____