

## Policy for the Office of Dr. David Leonoff

Thank you for choosing us for optimal oral health care. We have found that our patients appreciate knowing exactly what to expect from us both from a philosophy aspect and a financial aspect. Therefore, we prefer to inform our patients of our policies before we begin any treatment.

**Payment for services are due when those services are rendered unless other PRIOR arrangements have been made.**

**Insurance co-payments are due at the time services are rendered unless PRIOR arrangements have been made.**

**Statements sent for unpaid balances are subject to a \$5 fee per statement.**

**If an account goes to a collection agency for lack of payment, there is a 30% charge applied to the unpaid balance. This fee is to cover the expense of the collection agency's fees.**

### **Insurance information:**

You are responsible for providing accurate insurance information. You are ultimately responsible for knowing the particulars of your plan. We are not an insurance company and do not represent any insurance company. Your insurance plan is between you, your employer and the insurance company you use. We have no control of your plan, what your plan pays for services or whether your plan will accept or deny payment for services rendered. Dealing with insurance companies is a tremendous burden on our office and, unfortunately, we do not have the time or man power to constantly communicate with insurance companies regarding dental benefits. It is ultimately your responsibility, as the insured, to communicate with your insurance as problems arise.

### **Treatment Fee Estimates:**

Dental treatment fees given are based on the treatment anticipated at the initial comprehensive examination. Some teeth may have hidden decay or fractures, affected nerves or other unanticipated conditions requiring more extensive dental treatment. In situations where additional charges are involved, we will explain the reason for additional treatment needed and any additional fees.

### **Broken and Missed Appointments:**

Please remember that your appointments are reserved specifically for you. We are committed to seeing you on-time and request that you arrive on-time for your visits as well. ***We request that at least 48 hour notice be given if an appointment needs to be rescheduled.*** Missed appointments (no shows) and short notice cancellations (less than 48 hours) are subject to a charge commensurate with the time reserved for treatment (\$50.00 per half hour).

By signing this form you authorize this office to communicate with you, your insurance company, your other doctors and dentists via phone, e-mail, text and fax. This includes sending and receiving your health and dental information, X-rays and treatment. PLEASE FEEL FREE TO CONTACT US IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING DENTAL TREATMENT OR FINANCIAL ARRANGEMENTS.

I understand and agree to the following policies as listed above:

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Signature of patient/responsible party

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Date