DOMAN DENTAL
CLIFF A. DOMAN D.M.D.
COSMETIC AND FAMILY DENTISTRY

FINANCIAL POLICY

Thank you for choosing Doman Dental as your dental care provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to any treatment:

- All patients must complete our medical history form before seeing the doctor.
- Payment is due in full at the time of service.
- Insurance holders: co-payments are due at time of service.
- We accept cash, checks, Visa/MasterCard/Discover
- We require the account to be paid in full within 90 days. If there is a remaining balance after 90 days, a monthly charge of 1.5% and a $10.00 re-billing fee will be added to your account each month it is not paid.
- After 3 Statements and 3 attempts to contact you with no resolve about an unpaid bill, we will send your account to collections.

REGARDING INSURANCE

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a service to our patients, we are happy to submit an insurance claim for you. Please be aware that insurance is considered a method of reimbursing the patient for fees paid to the doctor, and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. We cannot be held responsible for the amount of payment from your insurance company. *Patients with no insurance will receive a 10% professional courtesy discount on any payments that are paid in full at time of service. This is intended to help ease the burden of dental care for those without insurance.*

WAITING PERIODS

Your insurance company may require WAITING PERIODS before they will cover and pay benefits for certain procedures. This is ultimately the patient's responsibility to know whether or not they are contracted to an insurance company that requires WAITING PERIODS. We will do our best effort to find out if your insurance plan requires WAITING PERIODS, but with multiple insurance companies and multiple plans we expect and feel it is the responsibility of our patients to be aware of what they have signed up for.

MISSED APPOINTMENTS

Please understand a specific and valuable amount of time has been set aside for your appointment with Dr. Doman and his staff. If you arrive for your appointment more than 15 minutes late you may be asked to reschedule as a courtesy to our other patients who have scheduled appointment times. A 24-hour notification of a canceled appointment is required. **If the appointment is missed or not canceled within 24 business hours, a fee will be charged. There will be a charge of $25 per 30 minutes of scheduled time missed. This means that if you have a 1 1/2 hour appointment scheduled, you will be charged $75, and so forth.** Please be advised that we are not open on Fridays. All Monday cancellations must be made by Thursday at closing, or the fee will be charged. Please help us serve you better by keeping scheduled appointments.

I have read the entire financial policy and I have had sufficient time to study and understand it, or obtain legal council if I so desire. I agree to be bound by all of the forgoing terms and conditions. In the event that the terms of this agreement are not met, I agree to pay the principal amount, all attorney fees (with or without suit), all court fees, and all collection fees, including 33% of the principal amount assigned to any collection agency.

Print Name of Patient _____ Date _____

Signature of Patient (if older than 18) _____ Date _____

Print Name of Responsible Party _____ Date _____

Signature of Responsible Party _____ Date _____

Revised 6/2017