

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 XRAYS.

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: _____