

Willis Family Dentistry
Giles Willis Jr. DDS, PA
Office and Financial Policies

We are pleased that you have chosen our office for your dental needs. We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible.

So that we can prevent any misunderstandings and maintain a positive relationship with you, we ask that you read the following office and financial policies and sign at the bottom.

- **INSURANCE PATIENTS- PLEASE READ CAREFULLY!** – We work with most insurance companies and try to maximize your coverage. Benefits are chosen by you or your employer, and insurance is a contract between you and your insurance company. It is your responsibility to know your insurance policy benefits. There is no insurance plan that covers 100% of all services, dental plans have deductibles, co-pays, and maximums just like medical insurance. There are some services that are not covered at all. We will provide you with your **estimated** co-payments for each treatment, as well as an **estimate** of what your insurance will pay. This is only an **estimate** since we do not know exactly what your insurance company will pay. **We do not provide a 100% guaranty of insurance company payment. Should your insurance not pay what is estimated, you are responsible for the entire amount not covered.** We will not become involved in disputes between you and your insurance regarding deductibles, co-payments, covered charges, secondary insurance, or other matters regarding reimbursement. If we have not received payment from your insurance company within 60 days, the balance is then your responsibility. All balances are due at 90 days, regardless of insurance involvement.
- **Our office does not file secondary insurance.**
- If you prefer to be 100% sure of the insurance company payment, **upon request**, we will send a predetermination to your insurance company. Please note, it may take several weeks to hear back from your insurance company.
- **Estimated co-payments are due the day of the treatment.** Should you require crown(s), partials(s), and/or dentures(s), your full co-payment will be due at the first visit, which is the impression, and when any associated lab work begins.
- If you have any questions about your coverage or how it may affect your care, please do not hesitate to call us. Understand that we will assist you in understanding your benefits; we have little influence over your coverage.
- **I authorize my insurance benefits/payments be paid directly to the dentist, Dr. Giles Willis Jr. DDS. I understand that I am financially responsible for any balance. I also authorize Willis Family Dentistry or insurance company to release any information required to process my claims.**
- **UNINSURED PATIENTS** – Full payment is due the day of treatment.
- **BROKEN APPOINTMENTS** – Office hours are by appointment only and we do value your time. We reserve time in our schedule for your treatment. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care. When you make an appointment, please be sure you will be able to keep it. Morning appointments are best for more complicated procedures. A broken appointment is a loss to everyone. **You must cancel 24 hours in advance during regular business hours or a minimum fee of \$20.00 will be charged to your account. Patients who have three broken appointments will be dismissed from our practice.**
- Emergencies and unforeseen patient treatment problems may arise, causing schedule changes. Emergencies are unexpected and seem to come at the most inconvenient times. If you have a dental emergency that needs immediate attention, we will offer to see you at once. We expect other patients, who might be slightly inconvenienced by this, will be understanding of the emergency situation. At some point, you may need the same courtesy too!
- We accept cash, checks and credit cards. We work with Care Credit, an interest-free financing program.
- **RETURNED CHECKS** –A minimum fee of \$20.00 will be charged to your account. If a check is returned, you will need to pay by cash or credit card in the future.
- **X-RAY Requests**- There is a minimum duplication fee of \$25.00 per person, for x-rays to be sent or transferred to another office.

We hope you find this information useful. Rest assured we are here to help make quality dental care obtainable for all. We're here to support and answer your questions.

I have read, understand, and accept the terms of the above outlined policies.

Patient/Parent/Guardian Signature

Date