



At Southridge Dental, we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. In accordance with HIPPA we ask you to read the following text and initial that you have read and understand each policy.

Your dental benefits are based upon a contract made between you and an insurance company. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefits will never pay for completion of your dental care. It is only meant to assist you.

We currently accept most private insurance plans. Although we can maintain computerized histories of payment by a given company, they do change; therefore, it is impossible to give you a guaranteed quote at the time of service. We estimate your portion on the most up-to-date information we have, but it is ONLY AND ESTIMATE. If you would like to know your insurance benefits, we will be happy to file a "pretreatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage and does delay treatment, but will give you the exact out of pocket figures you may require.

We will bill your insurance as a courtesy. If insurance does not pay within 90 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between you and your insurance company. Our office is not, and cannot be part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

Southridge Dental requires payment in full for your portion at the time of service. We accept MasterCard, Visa, American Express, Discover, Cash and Checks. If you are in need of extended financing options, we also work with CareCredit and LendingClub who offer 6, 12 or 18 month no interest or long terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hr notice to avoid a \$35/hour cancellation fee.

In the event of an emergency after regular business hours a \$90 emergency fee will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged \$125 after hours' emergency fee.

It is important that Southridge Dental stays in contact with our patients. By initialing this section, you give Southridge Dental permission to leave a detailed voicemail regarding any upcoming appointments. I may revoke this right at any time in writing.

You also give Southridge Dental permission to send text and emails regarding dental appointments. I may revoke this right at any time in writing.

I agree with the above conditions:

Print name: _____ Date: _____.

Signature: _____.