

OFFICE POLICY

Welcome to the office of Jack B. Siegrist Jr., DDS, PC. We are glad to have you join our practice and look forward to providing exceptional dental care for you and your family. We have implemented an office policy in writing that must be signed so that our patients are aware of how our office functions.

Firstly, we would like to explain that dental insurance is NOT similar to medical insurance-it is better described as a "benefit plan". MOST plans have yearly coverage ranging from as low as \$500 to usually no higher than \$2500; a maximum amount which has not increased in almost 50 years. While we always strive to optimize your use of dental benefits to minimize your out of pocket cost, it is important to keep in mind that these plans are mostly useful for diagnostics (exam and x-rays) as well as minor dental treatments (such as fillings). A vast majority of plans do not cover the costs of major reconstructions in the mouth, or cosmetic dentistry, or work deemed by the plan to be "cosmetic". As such, we expect all of our patients to have a general understanding of how their dental plan works.

Dr. Siegrist is currently "In Network" with Delta Dental, MetLife, Ameritas and Principal, however, we take assignment of benefits by any insurance carrier that will pay our office directly with the following guidelines:

- ❖ Insurance coverage must be verified through the insurance company before services are rendered, or payment **in full** is required at the time of service.
- ❖ Any applicable deductibles and co-pay percentages due by the patient, as per plan description, must be paid at the time services are rendered.
- ❖ Remittance at the time services is rendered for any procedure not covered by the plan.
- ❖ If the plan has a set fee schedule, we must be provided a copy of this fee schedule by the patient or policy holder enumerating the fees, so that we may accurately determine the patient portion. If the fee schedule is not furnished, payment in full is required at the time of service.
- ❖ IF PAYMENT IS DENIED BY AN INSURANCE CARRIER FOR ANY REASON, THE PATIENT AND/OR INSURED AGREES TO ACCEPT FINANCIAL RESPONSIBILITY FOR PAYMENT OF ALL UNPAID PORTIONS.

Additionally:

- ❖ VISA, Mastercard, Discover, Amex, Care Credit, personal checks, cash and money orders are acceptable forms of payment.
- ❖ There is a \$50.00 for all returned checks.
- ❖ We do not arrange in house payment plans. We will be happy to submit a Care Credit application on your behalf so that you can finance your treatment with 6 or 12 months interest free options.
- ❖ A \$50 broken appointment or "no show" fee will be charged when an appointment is not cancelled on the prior business day. A new appointment will not be scheduled until the fee has been paid.
- ❖ This office **DOES NOT** charge to forward your records to another dentist's office.

I have read and understood the above office policy and in becoming a patient of Dr. Jack B. Siegrist Jr., I freely agree to it's conditions as long as I am a patient in his practice.

Patient's Printed Name: _____

Signature of Patient, Parent or Guardian: _____

Relationship to Patient: _____

Today's Date: _____