

LELAND JUDD, D.D.S.

At Dentistry by Design, we believe that you deserve the best care. Each year we provide outstanding dental care to our patients. Here are some important facts you should know:

Please initial:

_____ Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental insurance is only meant to assist you with your care, not pay for it.

_____ We currently accept all private care insurance plans. This means that we work with literally thousands of companies. It is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is ONLY AN ESTIMATE. If you would like to know your insurance benefit, we will be happy to file a “pre-treatment authorization” with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment, but will give you the exact out of pocket figures you may require. We are not linked with your insurance benefits. It is your responsibility to provide us with the proper insurance information.

_____ We will bill your insurance as a courtesy. If insurance does not pay within 90 days, Dentistry by Design has 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 a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

_____ Dentistry by Design requires payment in full for your portion at the time of service. We accept MasterCard, Visa, Discover, cash, and checks (for existing patients with established payment history). If you are in need of an extended finance option, we also work with CareCredit, which offers 6-12 month “same as cash” terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit. There will be a finance charge on accounts aged over 60 days.

_____ 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 hour notice to avoid a \$35/hour cancellation fee (emergencies are an exception).

_____ In the event of a dental emergency after regular business hours, a **\$55 emergency fee** will be additionally charged.

I agree with the above conditions.

Print Name: _____ Date: _____

Patient/Parent Signature: _____