Dr. Sheila Dobee's Financial Policy

We thank you for giving us the privilege to be your dental care provider. We are committed to serving you with the best possible dental care. If you have dental insurance, we will be happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

Dr. Dobee sees patients by appointment only. An appointment will only be reserved with your expressed consent and as such is a reservation of Dr. Dobee's time for you. Forgotten appointments and short notice cancellations (within 24 hours) will be considered a Missed Appointment. There will be a fee of $50 per hour, assessed at our discretion, for Missed Appointments.

Co-pay or patient portion payment is due when services are rendered unless our staff has approved payment or insurance arrangements **IN WRITING.** We accept cash, check, or MC/Visa as payment. We will be happy to process your insurance claim and will make every legal attempt to collect from your insurance. However, any insurance claims not paid by 90 days from the date filed will become due and payable by you directly.

There will be a charge of $25.00 added to your account for any check returned for insufficient funds. In addition, unless we have agreed upon a prior payment plan, any non-insurance account that is 60 days past due may be subject to a 1.5% per month interest surcharge, a $25.00 late fee will be applied, and the account will automatically be transferred for professional collection.

We will gladly discuss your proposed treatment and answer any questions related to your insurance. You must realize however, that:

1. Your insurance is a contract between **YOU** and your insurance company. We are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies do not disclose services they will not cover.

We will submit your insurance claims and accept assignment of benefits as a courtesy to you.

We must emphasize that as a health care provider, our relationship is with you, not your insurance company. While we are happy to assist you with filing of insurance claims as a courtesy, all charges are ultimately your responsibility. If temporary financial problems are affecting timely payment of your account, we encourage you to contact us promptly to arrange a payment plan that will be acceptable to all parties involved.

If you have any questions about the above information or are uncertain regarding your insurance coverage, please do not hesitate to ask us. We are here to help. We thank you in advance for your understanding and cooperation.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY.

Signature:_____ **Date:**_____