



Appointment Agreement

Everyone here at Symmetry Dental & Spa/ReSet would like to personally thank you for the opportunity to serve your dental needs.

- 1. *Given that we have patients waiting for appointments, we require TWO BUSINESS DAYS NOTICE for any cancellations or to reschedule the time. Since our team cannot work when reserved patient appointments and valuable time are cancelled late and lost, we assess a \$60.00 charge for broken appointments. Failing to show up for your appointment is considered a "no show". After three "no shows", our policy is to discharge the patients from the practice.***
- 2. Insurance:** We participate with many major insurance plans. If you are not insured by a plan that pays us directly, payment in full is expected at each visit. If you are insured by a plan we participate with but do not have an up-to-date insurance card, payment in full may be required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions regarding your coverage.
- 3. Co-payment and deductibles:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. If you are unable to pay at the time of service, your appointment may be rescheduled.
- 4. Non-covered services:** Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered medically necessary by some insurers. You must pay for these services in full at the time of your visit.
- 5. Proof of insurance:** All patients must complete our patient information forms before seeing the provider. We must obtain a copy of a current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- 6. Claims submission:** We will submit your claims and assist you in any reasonable way we can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 7. Insurance changes:** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
- 8. Divorce:** In case of divorce or separation, the party responsible for payment on the account is the parent authorizing treatment for a child. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. We do not forward bills to other parties regardless of court rulings or divorce decrees.
- 9. Returned checks:** There is a \$25 fee for any check returned by the bank.
- 10. Non-payment:** If your account is over 90 days past due, we may refer your account to a collection agency and report it to the credit bureau.

I have read and understand the payment policy and agree to abide by its guidelines.

Patient/ Guarantor Signature _____ Date _____

