

## Office Policies for Chip E. Webb, DDS

- 1. INSURANCE:** If you have insurance, whether you are the subscriber or a dependant, you agree to pay your percentage due at the time of your procedure. We are not responsible for any fees that insurance does not cover. We file your insurance as a courtesy to you and you are responsible for any and all charges on your account. Please see your insurance information booklet for further explanation of contract limitations and specific information regarding your plan. We have a letter available at your request containing more detailed insurance information.

If you are a **DELTA DENTAL PREMIER** carrier, you are still responsible for any amount not paid due to contract limitations, deductibles and maximum benefits. Any charge over the Delta Dental “allowed” charge will NOT be your responsibility. If the estimated portion of your insurance is not paid 100% for any other reason, you are responsible for that amount. Please ask us for more information if needed.

- 2. RESPONSIBLE PARTY:** If you are bringing in a child under the age of 18, you must provide us with accurate phone numbers and addresses for yourself and any parent not living with this child who may be responsible for the account. If the child has insurance coverage through a parent whom you are not married to or who does not have custody of the child, we need complete information for both parents. **No exceptions.** Responsible Parties consent to, and agree to pay for, any and all treatment rendered to the patient at the time it is rendered unless such treatment is specifically refused prior to receipt. If a minor child (under the age of 18) comes to an appointment accompanied by someone other than a custodial guardian or by him/herself, we assume that the parent/guardian is aware of needed and appointed treatment and agrees to said treatment.
- 3. ACCOUNT PAYMENT:** If your account is past due for over 90 days, we reserve the right to retain a collection agency or attorney to pursue the outstanding balance. In addition, an interest rate of 2.5% per month will be assessed for all accounts past 90 days overdue. If your account is handled by a collection agency or attorney, you will be responsible for all court costs, discretionary costs, expenses and attorney’s fees associated with the collection of the past due amount.
- 4. RETURNED CHECK FEE:** If a check is returned for any reason, a \$20 Returned Check Fee will be applied to your account.
- 5. CANCELLATION POLICY:** If you or a family member on your account do not show for a scheduled appointment or cancel within 2 *business days* of your appointment time, you will be subject to a charge of \$25 per hour you were scheduled. For example, if you were scheduled for a 2 hour block of time, you would be charged \$50. If you or a family member on your account has missed a combined total of 3 appointments, we reserve the right to dismiss you and/or your family as a patient(s). Please understand that we make every effort to find the best appointment times for you and your family and if you do need to cancel, we also make every effort to fill those open appointments, therefore not charging you the fees.

**6. INSURANCE CONTACTS:** Please understand that, as a courtesy to you, we will do whatever we can to receive insurance payments on your account. However, due to time constraints, we will only contact your insurance a total of 3 times to check on the status and request payment/explanation of benefits. 14 days after the 3<sup>rd</sup> contact, your insurance claim will be closed and the balance will be your responsibility.

**7. Discounts:** Ask us about the availability of senior citizen and cash discounts.

**I acknowledge that I have read and understand the Chip E. Webb, DDS Office Policies and I agree to be bound by the these Policies.**

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Signature of Responsible Party Date

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Print Name of Responsible Party Print Name of Patient, If  
Different