



Sandhills Periodontics

PERIODONTICS, LASER, AND IMPLANT DENTISTRY

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SANDHILLS PERIODONTICS FINANCIAL POLICY

ESTIMATED SERVICES

Your estimated periodontal treatment plan will be based on your initial examination. Your plan will be derived from the available diagnostic aids and will be an estimation of the procedures necessary for the improvement of your dental health. Since not all conditions may be clearly evident during your initial examination, any unforeseen problems may require an adjustment to your treatment plan and payment arrangements. You will be consulted before any additional treatment is undertaken. This estimate will be honored provided treatment is completed within twelve months of the date of consultation.

OFFICE HOURS

Our office hours are Monday through Friday 8am-4pm.

APPOINTMENTS

We realize that your time is valuable, and in order to minimize waiting, we reserve appointment times especially for you. We ask that you show us the same courtesy. Each time we make an appointment, you will receive a card showing the date and time of your appointment. If you are unable to keep your appointment, please notify the office at least *48 hours* prior to your appointment. Surgery appointments require five business days notice. **Please remember, we do not take cancellations after business hours.**

INSURANCE

Much confusion exists regarding dental payments. Your dental insurance plan is a contract between **you and your insurance company**. Because the terms of all plans and policies differ, you should be familiar with the specific terms of your policy. Although the filing of insurance claims is a courtesy that we extend to our patients to facilitate their prompt reimbursement, please understand that the payment of all fees is *your* responsibility.

The payment of fees is an obligation of the patient, *whether or not* the insurance company ultimately reimburses the patient. We will, of course, use all our resources to assist you in seeking reimbursement to the full extent permitted under your policy. Our office does not participate with all insurance plans, therefore we may not be eligible to accept assignment of benefits. Our patients are, however, responsible for any estimated co-payments and amounts not covered by their insurance plan at the time services are rendered.

FINANCIAL

We expect payment in full at the time of service unless a formal payment arrangement has been established. Patients with dental insurance will be asked to make their co-payments at the time of service. Accounts without a payment agreement that have a balance over 60 days will be considered overdue. These accounts are due immediately, regardless of insurance status. Returned checks will be subject to an administration fee of \$30. The patient, parent and/or guardian shall be responsible for payment of all procedures performed in this office, including any treatment not covered by any dental insurance. Any account more than 90 days overdue will be sent to a collection agency. These accounts will be subject to an additional fee of 30% of the overdue balance in order to cover the costs incurred by the collection agency. Our surgery cancellation policy will be reviewed at the time of your treatment consultation.

CONSENT

I certify that I have read, understood and agree to these terms and that I have been given a copy of this financial policy.

Patient Name _____ Patient Signature _____

(please print)

Date _____ Witness _____