

## **Welcome To Bo Shumaker, DDS and Associates Office Policies & Acknowledgement**

Thank you for choosing our office for your dental care needs. It is our optimal goal to provide you and your family with the highest quality of dental care, while maintaining a friendly and relaxing environment. In order to keep our standard of care to a level which best serves your needs, we ask you to please observe the following guidelines.

### ***Cancellation Policy***

There are many times that our patients require urgent or emergency treatment and therefore require an appointment as soon as possible. When patients give the office advance notice of their need to cancel a scheduled appointment, this time can then in turn be allocated to these patients in urgent need of treatment. In this way, the office can best serve the needs of ALL patients.

Bearing these special needs in mind, our office requires a minimum of 24 hours' notice if an appointment must be canceled. If less than 24 hours notice has been given to cancel an appointment a \$ 50.00 fee will be assessed per hour appointment. In the event that no notice is given and the patient does not show up for their scheduled appointment, then a \$75.00 fee will be assessed. Please note that this fee is not covered by dental insurance and is the patient's responsibility.

### ***Dental Benefits / Insurance***

If you have dental insurance, as a courtesy we will file your dental insurance claim for you. It becomes the patient's responsibility to cover procedures that are not covered by their insurance plan. Please note, not all services are covered by your insurance carrier, and every insurance plan has its own unique "quirks", exceptions, and fee schedules.

Our office will collect your co-payment and bill your insurance company using the information given to us. We are happy to do this as a courtesy to you and expect payment from your insurance company within 90 days. If we have not received payment from your insurance company after 60 days, we will inform you by letter so you can take action before the estimated insurance balance is billed directly to you 90 days from the date of service.

### ***Payment Options***

To provide you with the best possible care, we expect you to pay your co-payment at the time of service. Please understand that payment of your bill at the time of service is part of your treatment. We work very hard to offer several options that help you afford necessary dental treatment.

- 1.) Receive a **10%** bookkeeping courtesy for patient portion over **\$200.00** that is paid when the appointment is made.
- 2.) Cash, Check, or Money Order
- 3.) Visa / MasterCard/American Express
- 4.) Extended financing through Care Credit (a line of credit for your dental treatment, monthly payments available through Care Credit)

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**Patient Name (please print)**

**Authorizing signature**

**Date**