

Welcome to Olive Dental Care

Thank you for choosing Olive Dental Care for your dental needs. We are sure you will be comfortable here with us. In order for us to assure that your experience is a pleasant one, we do ask that you read and understand the following:

Office Policy

- **If you will not be able to attend or need to change your appointment, we require 48 hour notice. Failure to do so may jeopardize the scheduling of future appointments and will incur a \$50.00 missed appointment fee that must be paid prior to the next visit.**
- We require notification if there are any **changes in your insurance, address, or phone number.** Failure to do so may delay payment, causing you to pay out of pocket. If we are not able to contact you by phone, due to the phone being disconnected or you no longer live there we may give your appointment away.
- **Treatment of Minor Patients under the age of 18 must be accompanied by a parent or legal guardian for their NEW/CHECK-UP appointments and other visits where on-going treatment must be authorized.** For on-going treatment, when consent has already been obtained, a responsible adult with a written consent from parent or legal guardian may accompany the patient. The accompanying adult must be in the building or in the car in case of emergency. Exceptions are granted by law to emancipated minors. An “emancipated minor” is one who is not dependent upon the parent(s) for support, or is a parent, or is or has been married.
- We ask that you arrive promptly for your scheduled appointment time. Failure to do so may result in having to be rescheduled.
- If we get **NO ANSWER** when confirming for your appointments scheduled, we have the right to schedule another person who is in need of an appointment. It is your responsibility to confirm appointments.

Financial Policy

- All charges incurred are your responsibility. **Payment is due the day service is rendered.** If after treatment you incur a balance, payment will be requested within 30 days or your account may be turned over to the collections agency.
- We charge an 18% finance charge on balances over 30 days.
- We charge a \$25.00 returned check fee, plus the original amount on the check.

Assignment of Benefits

- **We require all co-payments to be paid the day services are rendered.**
- We will complete insurance forms and submit claims on your behalf, although **we do not accept responsibility for the outcome of the transaction.** This is done as a courtesy. This in no way eliminates your obligation for the charges incurred.
- **We do not guarantee that your insurance company will pay for the treatment you have received.** You are contracted with your insurance company and we will not enter into a dispute with your insurance company over a claim. We will, however, provide necessary documentation to the insurance company. It is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company.
- Most insurance companies will pay within 14 to 60 days from the time of billing. **If the claim is not paid within that time you will be asked to pay the balance in full.**

We require your copayment/fee the day service is provided to you.

Our preferred payment options are;

Cash Debit Check

Credit/CareCredit Accepted

I have read and understood the above terms and conditions. I authorize my dental insurance company to pay my dental benefits directly to Olive Dental Care.

Signature

Date