

MICHAEL F. REISCHL, D.D.S.
CREDIT TERMS AND OFFICE POLICY

This office is committed to providing you with the best possible dental care. If you have dental insurance, we will gladly help you receive your maximum allowable benefits by sending your claims to your dental insurance company for reimbursement. In order to do this for you, we need accurate information from you regarding the subscriber, subscriber's employer, social security number, group/plan number and any secondary insurance information. This information needs to be updated should any changes occur.

We emphasize that as a dental care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. We automatically request preauthorization for any crown/bridge/denture/nightguard treatment but will also send a preauthorization on any other treatments for you. If you have double coverage, the secondary carrier will automatically be billed after the primary carrier has processed the claim and you will only be notified if a balance is owed after both dental carriers have responded to the claim.

If you have no insurance available, payment for services is due at the time services are rendered unless payment arrangements have been discussed and approved by our office manager. We accept cash, checks, Mastercard and VISA.

Finance charges will accrue on any unpaid balance over 60 days at a rate of 1% per month, which is an annual rate of 12%. In the case of default, collection costs and reasonable attorney fees incurred will be added to the account balance.

As a courtesy, we call to confirm your appointments ahead of your scheduled day/time. In return, we would appreciate at least 48 hour notice of any need to change or cancel an appointment. We understand emergencies do arise but failure to show for a confirmed appointment will result in a "broken appointment fee" of \$35.

Signature _____