

**Welcome to our dental practice.** Thank you for choosing our office for an evaluation of your dental needs.

This letter explains our office policies and philosophy of care. We are confident that services to our patients are at their best when there is complete understanding of the services to be rendered and our office policies, and there is mutual respect and cooperation in their implementation.

In accord with the philosophy of this practice, following is an expression of what our patients can expect from us and, in return, what we expect from our patients.

## **OFFICE POLICIES**

Our patients can expect from us:

1. A high degree of professional skill and ability.
2. A comprehensive examination, diagnosis and an explanation of our findings.
3. The development of treatment alternatives and an explanation of the costs and benefits of each so each patient can make an informed decision in selecting treatment that is most appropriate to his or her individual needs, means and desires.
4. Integrity to perform all services to the best of our knowledge and ability.
5. That we studiously keep abreast of progress in dental sciences.

In return, we expect from our patients the following.

1. Your cooperation in making and keeping appointments. Should it be necessary to change an appointment, we ask for a 48 hours notice. We do make a nominal charge for missed appointments, but it is never our wish to do so.
2. Your health and comfort are our primary concerns. Please let us know of any condition requiring special attention or any changes in your health during treatment.
3. If any problem should arise, at any time, please inform the Doctor, Office Manager, or an appropriate staff member so we may have the opportunity to resolve the matter.

## **FINANCIAL POLICIES**

Our patients understand that in order to deliver optimum dentistry we must maintain our office on sound business principles. Therefore, we inform our patients of our financial policies at the very beginning of our relationship to avoid any misunderstandings.

We accept major credit cards and personal checks. Payment for the examination appointment is due at the time services are rendered. Extended payment plans are available for qualified individuals for subsequent treatment.

Our financial policies are as follows.

1. Treatment plans are presented to all patients before any work begins. We consult with our patients so that there is full understanding of the procedures by which treatment is rendered. The costs and the time required to perform the services is also discussed. If at any time it is necessary to change the treatment plan and additional charges or credits are applicable, this is explained to the patient and agreed to before the services are rendered.
2. Financial arrangements are not made based on insurance reimbursement. However, we are pleased to bill your insurance carrier for you and have them reimburse you directly.
3. In comprehensive treatment we offer a 5% discount when payment is made in full by cash or personal check before treatment is started.
4. Payment in full for prosthetic restorations is required before the delivery appointment.
5. The fees quoted apply only to services performed in our office and do not apply to services provided by other health care professionals associated with your treatment.

## **INSURANCE & BILLING INFORMATION**

**PROVIDENCE PROSTHODONTICS**  
1310 W. Stewart Drive, Suite 202  
Orange, CA 92868

In an effort to better assist you with processing your insurance claims, thus expediting the receipt of your insurance benefits, we offer this explanation regarding our insurance policy.

Payment is expected at the time services are rendered unless other arrangements have been made. We will accept major credit cards and personal checks.

If you have insurance, we will need to copy your insurance card for billing purposes. We ask that you pay for your first visit to our office at the time service is rendered. However, we will bill the insurance for you and reimburse you if payment comes directly to our office.

It will be our pleasure to help you get the maximum benefits from your dental insurance. We ask that you read your policy to be sure of any limitations of the benefits provided. The fees we charge for our services are the same fees charged to all patients for similar services, regardless of any insurance coverage.

If you are a TMJ patient we will need a copy of your medical insurance card. It is necessary for you to call your insurance carrier to ask if you have TMJ benefits and, if so, what is the percentage of coverage for this treatment. Also, ask what is the deductible on this policy and has the deductible been met.

It is important for all patients with dental insurance coverage to know that most dental insurance plans cover from 30-40% of the fee and typically have an average coverage of \$1,000 yearly maximum benefit. Some plans base the amount of benefit on a chart or fee schedule arbitrarily developed by third-party payers. The percentage you receive is determined by how much your employer has paid for coverage. The less paid for insurance, the less you will receive in benefits. The type of plan chosen by your employer determines insurance benefits. Since dental services are rendered directly to the patient, the patient is responsible to us for payment. The insurance company is responsible to the patient.

For comprehensive treatment, we will process your primary insurance form for you. However, the responsibility for your account still rests with you. The Providence Dental Group does not perform dental services on the assumption that the fees will be paid by the insurance company. If you are experiencing difficulty in receiving payment from your insurance company, please direct any questions or complaints regarding your coverage TO YOUR INSURANCE CARRIER. Our experience has shown that your insurance payment will be made to you much sooner than to our office.

Please feel free to discuss any facet of our office policies, financial policies or your dental insurance coverage with us.

Thank you for calling our office. We look forward to meeting you.

**The Doctors and Staff at Providence Prosthodontics**