Olympus View Dental
Office Policies

Insurance/Billing

Olympus View Dental will bill your dental insurance. We accept assignment of benefits for primary and secondary insurance. We do not bill tertiary insurance. It is your responsibility to provide our office with complete and accurate insurance information at the time of service. Our office cannot guarantee the amount that your insurance company will pay. Your insurance is a contract between you and the insurance company and we are not a party to this contract. Disputes with insurance companies are the responsibility of the insured member as we do not have control over the terms of your contract, the method of reimbursement, or the determination of benefits. You agree to be responsible for payment of all services rendered to you and/or your dependents. We can file a pre-determination for recommended treatment at your request, however any pre-determination is only an estimate of your insurance coverage. Our office will file a dental claim a maximum of two times per appointment. We request that you pay your estimated portion when services are rendered. Any amount not covered by your insurance or any difference of the estimated portion is your responsibility. For your convenience we accept all major credit cards, Care Credit, personal checks, and cash. A returned check fee of $30 will be applied for any returned checks. A finance charge will be applied to all accounts with an unpaid balance over 90 days. **Initial:** _____

Responsible Party

Please be aware that the person who signs this form is legally responsible for payment regardless of whether or not they are the insurance holder. In the event of separation or divorce, the parent or guardian who signs this form is legally responsible for payment. **Initial:** _____

Scheduling and Missed Appointments

Patients are seen by appointment only. Arriving on time makes it possible for you to be seen as scheduled. Patients who are running late are asked to call the office as soon as possible, however this does not guarantee that the office can still accommodate the missed time of the appointment. *Kindly notify the office of any cancellation or rescheduling with a minimum of 24 hours notice.* A $50 fee may apply to any missed appointment with less than 24 hours notice. History of missed appointments and cancellations will not be rescheduled for the most popular appointment times. **Initial:** _____

Past Due Accounts

Olympus View Dental cannot carry balances over 90 days; regardless if insurance payment is still pending. If the insurance company does not pay within 60 days of the submission of the claim, we will look to the responsible party for payment. If the insurance pays the claim at a later date, we will refund any overpayment. If payment has not been received after 90 days, we will inform you of the delinquent account via mail. Our office reserves the right to employ a collection service to collect payment on any account past due. A collection fee of 40% will be added to the balance if a collection service is used to recover unpaid accounts. **Initial: _____**

I have read and agree to the above Office Policies

_____ _____

Print Patient Name **Signature of responsible party**

_____ _____

Printed name of responsible party **Date**

Witness name (Office Staff) :

A valid photo ID must be collected at time of signing