

# ***Eric K. Schmidt, DDS***

Alameda Family Dental Practice \* 2049 Central Avenue, Alameda, California 94501 \* (510) 521-0588

## **OFFICE AND INSURANCE POLICY**

### **Dear Patient:**

We appreciate your selection of this office to serve your dental health needs. Our goal is to provide the best dental care for our patients. We want you to enjoy optimal dental health throughout your life. This statement has been prepared to give you some information about our office policies. Please ask the front desk staff if you have any questions about any of the areas covered in this statement.

### **ESTIMATES:**

Before we begin treatment, we will perform a complete diagnosis. Based on that, we will give you an estimate of the total charges for your treatment. As we proceed with this treatment, we may encounter additional problems which are not apparent to us at the time of initial examination. In that event, we will fully discuss the problem, including the effects, if any, on your financial arrangements. We will not proceed without your approval.

### **BROKEN APPOINTMENTS:**

We require 24 hour phone notification if you are unable to keep your scheduled appointment. If we do not receive this notice, your account will be subject to a charge based upon employee wage and overhead cost for the length of time you reserve with your doctor.

### **PATIENTS WITH DENTAL INSURANCE:**

As a courtesy to you, we will bill your insurance company for services rendered. In order to properly bill your insurance company, you must supply us with complete information regarding your insurance and employer, including properly completed forms. At the time services are rendered, Alameda Family Dental Practice requires payment of the portion of charges not covered by the insurance company, including deductibles and estimated patient portion.

Insurance is an agreement between you, your employer and the insurance company. Alameda Family Dental Practice files a claim as a service to our patients, however, you are ultimately responsible for keeping your account current and in good standing. Coverage provided by insurance plans varies widely. We will use the most current information available from your insurance company to estimate your coverage. If services are not covered as expected, please call your insurance company directly to discuss coverage and reimbursements for service. We will be happy to cooperate by providing you with any necessary information including records and radiographs.

### **PATIENTS WITH NO INSURANCE:**

It is our policy to receive full payment at the time service is rendered. For your convenience, we accept all major credit cards, except American Express. We understand that some patients have special needs. If the above is unsuitable, you must make arrangements with our Account Manager, prior to receiving treatment.

### **DELINQUENT ACCOUNTS:**

Any account balance which is over 60 days old will have a finance charge of 1.5% per month added. Any account which has had no payment for 30 days is considered delinquent. If any account has had no payment for over 90 days, it may be subject to outside collection or turned over to our attorney; Small Claims Court action may be taken. If this account is assigned to a collection agency or an attorney, the prevailing party shall be entitled to reasonable attorney's fee and cost of collection.

**I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE OFFICE AND INSURANCE POLICY REGARDING MY RESPONSIBILITIES TO DOCTORS DODGE, SCHMIDT, HATHCOAT AND LEE. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES, WHETHER OR NOT PAID BY INSURANCE.**

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**Signature of Patient or Responsible Party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**