FROST
PERIODONTICS & DENTAL IMPLANTS

Financial, Insurance & Appointment Policies

Financial Policy

- $25 will be collected upfront at each visit
- We accept cash, checks, Care Credit ®, and all major credit cards (except American Express).
- There is a $25 fee for returned checks.

Insurance Policy

- We understand that you may have dental insurance. As with most specialty providers, we are out of network. Our treatment plan is based on your needs as a patient and not according to your insurance coverage.
- We will gladly file your insurance claim when treatment is rendered.
- For patients with Delta Dental: It has been our experience that Delta Dental will reimburse you directly for your treatment costs. We typically do not receive any claims communication from them. Therefore, payment will be collected upfront or payment arrangements can be made.

Treatment Appointments

- To allow expedient care for our patients, 50% down payment is required for all procedures.
- The remaining 50% balance will be divided into 2 equal monthly payments. These payments will be automatically charged to a card on file (debit or credit) the first of each month after insurance payment for your procedure is received.
- For patients paying with Care Credit ®, the procedure fee will be paid in full to schedule.
    - The monthly payments will then be made directly to Care Credit ®

New Patients, Maintenance Patients

- Once your insurance claim has processed and we receive the EOB, **the remaining patient balance will be automatically charged to the debit or credit card on file.**

Appointment and Cancellation Policy

- All procedure appointments require 7 days-notice for cancellation or rescheduling.
    - If less than 7-day notice is given, a fee of $50 will be charged.
- A $50 fee will be charged for late cancellation under 48 hours for any appointment.

Late Patient, No Show Policy

- Patients who arrive more than 15 minutes late to their appointment time may be asked to reschedule as a courtesy to our other scheduled patients.
- A $50 fee will be charged for those who fail to show to a scheduled appointment.

To acknowledge that you have read and understood our policies, please print and sign below.

Patient Acknowledgement_____ Date _____

Office Administration Signature _____ Date _____