Deborah Ann Conner, DDS, PLLC

practice limited to endodontics

Office policies agreement

Insurance policies

The type of plan chosen by you and/or your employer determines your insurance benefits; dental insurance policies vary. While it is your responsibility to understand your insurance policy, we will do what we can to help you understand and maximize your insurance benefits. **We are *not* a Medicare/Medicaid provider.**

We ask that you be responsible for the payment of all treatment at the appointment when treatment is rendered, including, but not limited to: emergency visits, examinations, consultation, and complete root canal therapy (RCT). Based on your dental benefits, this office will calculate an approximate amount of coverage for the prescribed procedure. An insurance claim form will be generated and submitted for you once treatment has been completed**. However, you are responsible for any balance not covered by your insurance.**

Overdue accounts will be charged a finance charge of 1.5% monthly (18% annually). Overdue/unpaid accounts will be subject to collections actions. The patient or guardian will be responsible for collections agency, attorney, court, and all associated fees incurred by DEBORAH ANN CONNER, DDS, PLLC.

Broken appointment policy

Your appointment time has been reserved especially for you. If you are unable to keep your appointment, please notify us **at least 2 business days in advance.** As a courtesy to our patients we will attempt to confirm your appointment, but it is the patient's (or guardian's) sole responsibility to keep scheduled appointments. **Broken appointments or appointments cancelled with less than 24 hours notice will result in limited re-appointments.**

Office payment policy

We are eager for you to understand your treatment and the associated fee. Please feel free to ask questions! In terms of payment for treatment, it is expected on the day service is rendered. Although we offer no in-house payment plans, **we will file dental insurance for a root canal treatment but your estimated co-payment is expected at the time of treatment and a debit/credit card number needs to be on file so that any balance due can be charged once the insurance settlement has been made. We'll send a check for amounts over what's due.**

Payment for today's visit can be made by cash or any of the following options.

Personal check *(a fee of $35.00 will be charged for insufficient funds/returned checks)*

A debit/credit card number needs to be on file if you are paying partial payment and waiting for insurance payment. You are responsible for any balance not covered by your insurance.

Debit Card/Master Card/Visa/ Discover/ Care Credit/Flex

Name on card: _____

Card #: _____ Exp Date: _____ CVN: _____

I understand and agree to these office policies.

Signature _____ Date _____