HEBRON DENTAL CARE

Kelcey Jeppson, DDS

Patient/Parent Name: _____ Date of Birth:_____
Dependents: _____ Date of Birth:_____
_____ Date of Birth:_____
_____ Date of Birth:_____
_____ Date of Birth:_____

Our Office Financial Policy

If you do not have dental insurance…

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AND DEBIT CARDS. WE ALSO OFFER CARE CREDIT WHICH IS A DEFERRED INTEREST PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Regarding Insurance

- As a courtesy to you, we will process all of your dental claims. Please understand that we will provide an insurance estimate to you; however, it is not a guarantee they will pay exactly as estimated. Insurance coverage is subject to limitations, waiting period, frequency, age restrictions, deductibles, and maximums which are your responsibility. If requested, we can contact your insurance company for a detail of benefits. Otherwise it is your responsibility. Your insurance company and your plan benefits ultimately determine that amount paid.
- All charges you incur are your responsibility, regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your policy is a contract between you and your insurance company. Our office is not a party to that contract.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

- The parent or legal guardian accompanying a minor, who has consented to treatment are responsible for full payment at the time of service.
- For unaccompanied minors, treatment consents and payment arrangements with the parent or legal guardian must be made prior to appointment or non-emergency treatment may be denied.

Cancelling/Missed Appointments

- Our goal is to provide treatment in a timely manner with a few visits as necessary. In order to provide the best treatment, we require at least 24 hours notice for cancellations of for re-scheduling your appointments.
- Your account will be charged $40 for multiple missed or short notice cancellations.
- Multiple failed appointments may result in dismissal from our office

Collections

Any account that has not received payment in 90 days will be handed over to our collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and be grounds for dismissal from our office.

Consent

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered.

Patient/Parent Name Printed _____

Patient/Parent Signature _____ **Date** _____