

**Healthy Smiles Family Dentistry, LLC**  
**Eugenia J. Harry, DMD MAGD**  
**Medical Park Lee's Crossing**  
**1602 Vernon Road, Suite 100**  
**LaGrange, GA 30240**  
**(706) 885-9991 Telephone (706) 885-9940 Fax**

**OFFICE PROCEDURES INFORMED CONSENT**

Thank you for allowing us to assist you with your dental care needs. It is our intent to provide you with the highest quality dental care possible in a gentle, caring, and compassionate manner.

We welcome and thank you for choosing our office. We are about to embark upon a dental partnership that will require both of our cooperation to accomplish your dental requirements. To make this successful, we would like to review some of our expectations and policies. Since this is your first visit, it is important that you are familiar with some of our policies and procedures. Please take a minute to read the following carefully.

**Payment and Insurance**

Our office is a "fee for service" dental practice. **Payment for services rendered is due on the day the service is provided.** We accept cash, checks, and major credit cards. We do not offer a payment plan, but we will gladly provide you with an application for credit with Care Credit or Lending Club. If your treatment involves more than one appointment such as crowns, bridges, implants, or removable dentures, you may divide your payment into two: one-half at the start of treatment, and the other half at completion. This payment option needs to be arranged prior to treatment.

Your insurance reimburses us at an amount related to certain provider limits. It is our intent to provide patients with a treatment plan specific to your individual needs. As a result, we do not establish our fees related to insurance company fees. Generally, dental insurance plans that pay more for services may require larger premiums to be paid by employers and employees. For example, an insurance company may state preventative care is payable at 100%, however, this is 100% of the insurance company's fee schedule.

As a service to our patients with dental insurance, we will gladly estimate and accept assignment of benefits/payments from your primary carrier as best as can be determined on the day of service. You will be responsible for the remaining portion at that time. Should your insurance company not accept assignment of benefits, you will be responsible for full payment at the time of service. Any difference between your actual insurance payment and the estimated benefit will be billed or refunded upon receipt of insurance proceeds by our office. Any payment due from insurance not received within 60 days of filing by our staff automatically becomes your responsibility. We will file your primary insurance, and we need to know if you have secondary insurance. If litigation or a collection agency is required to collect a past due account balance, additional "reasonable fees" for these services will apply to your outstanding balance. Also, we need to know if you have a secondary insurance. In the event that your insurance carrier sends benefit payments directly to you, we will gladly file your treatment claim, but you will be responsible for paying your entire treatment fee on the day of service, as you will receive reimbursement directly from your insurance carrier.

**Our Courtesy Services to you Include:**

- Filing your insurance for your visit and requesting payment of your benefit with our office. If insurance makes a payment to you on claim, we require payment within 15 days of receipt.
- Researching your dental insurance plan to advise you of your benefits. We cannot guarantee insurance payment since benefits are obtained verbally and are not a guarantee for coverage.
- Re-filing your insurance, if necessary with narrative.
- Following the American Dental Association guidelines for coding. (limited to their definition.)

- ***Estimating*** your portion at the time of service. (differences may occur due to **U**sual **C**ustomary **R**ates or unknown clauses in your plan.)
- Calls or emails to remind you of your appointment. *We request a return call or email to confirm all appointments.*

### **Our Expectations of You:**

- **100% payment is due at the time of treatment** or estimated portion. (Payment arrangements must be made prior to beginning of treatment. Non-completion of treatment due to non-compliance is not subject to refund.)
- Extensive treatment requiring long appointments to be scheduled will require a deposit to reserve your treatment time.
- **Payment of Statement.** Due within 30 days of billing and is subject to a monthly \$30 late fee. If it is necessary to send an account to a collection agency or garnishment of wages for payment, you agree to pay collection agency/lawyer fee's that are necessary to collect balance.
- Understanding that the insurance policy belongs to you. It is a contract between you and the insurance carrier. We may ask you to contact the insurance/benefits manager to resolve any questions regarding coverage.
- Realizing that dental insurance policies restrict payment for some services, use restricted fee schedules (**UCR**) and exclude some procedures based on prior conditions, length of time on the plan, length of time of condition, and can give alternate coverage that is less costly to the insurance.
- Notice of any changes in your insurance carrier, employment, or termination of coverage.

### **Dental Insurance:**

Understanding your insurance coverage can be a challenge. Our goal is to assist you in maximizing your benefits. Since your employer/you negotiate the individual policy, each plan is slightly different in its covered services. *We encourage you to become familiar with your policy exclusions, deductibles, waiting periods, and co-payments.* Our participation with an insurance network is subject to change without notice or consent.

### **Recommendations of Treatment**

We as dental professionals make recommendations for optimal treatment for long term resolution to the problem. We do understand that sometime the financial aspect of the treatment can delay following through on recommendations, but if other treatment is requested instead of recommendations, we cannot be held responsible of any failure of such treatment. We also reserve the right to deny any treatment that is not in compliance with ADA definitions. We will take Full Mouth Series of x-rays on ALL patients and when extensive treatment is required, a 3D Scan will be required for treatment diagnosis and prognosis purposes. We want to help you make an informed decision about your treatment and will do our best to explain and educate you. We will provide brochures and our website offers information about treatment procedures and your dental health.

### **X-ray and 3D Imaging**

Our office strives to offer the best diagnostic tools available, including, but not limited to our 3D scanning machine. We take a 3D Scan in order to properly diagnose and establish a comprehensive treatment plan for our patients when extensive treatment is needed. We extend the courtesy of discounting the fee for this procedure. If you choose to leave our practice and request a copy of the scan, there will be a \$205 fee for duplicating and placing the scan onto a flash drive. We also discount the fee for 2D x-rays including a Full Mouth Series and Panorex . If you request these x-rays, please be advised that you will be responsible for the full fee of \$100 upon duplication.

### **Appointment Policy:**

Appointment times are reserved exclusively for the appointed patient. We will do our very best to see you on time; however, we need you help with regard to punctuality. Arriving 15 minutes or more late for your scheduled appointment time will be assessed a **broken appointment fee** and your appointment will be rescheduled. Due to HIPPA requirements and to respect the privacy of other patients in the office, we request that all family members remain in the waiting room and only one adult accompany minor patients in the treatment area. For many patients, 8:00am and 4:00pm are the most

desirable appointment times. Because of the high demand for these appointment times, if you fail to show for an appointment at 8:00am or 4:00pm, we will **NOT** reschedule you for these prime appointment times.

### **Broken Appointments:**

Your appointments represent time that is reserved exclusively for your treatment. If you are unable to keep a scheduled appointment, we ask that you inform us **at least 24 hours in advance**. A broken appointment fee of **\$45** will be charged for appointments that are broken without 24 hours notice, (except in case of medical emergency). Broken long appointments such as crown, bridge, root canal, implant, or scaling and root planning (SRP) appointments will have a fee charged equal to ***half the procedure fee***. We understand that it is easier to schedule multiple members of the same family together for appointments and we will do our best to accommodate your family. However, if multiple appointments are scheduled and canceled without notice or broken, we will not schedule multiple appointments together again. **Patients who generate more than two no-notice (broken appointments), will be dismissed from the practice.**

### **Regular Patients of Record**

Our primary responsibility is to our regular patients of record. A patient of record is one who has had a comprehensive examination, including appropriate x-rays at least one cleaning within the current year. Patients who have been seen only for emergency treatment, and have not had a comprehensive exam and cleaning are not considered official patients of record. Regular patients of record will be seen on a priority basis in the event an emergency arises. Other patients will be seen on a space available basis during regular office hours. **Under no circumstances will after-hour prescriptions be called in or narcotic pain relievers be prescribed for patients who are not regular patients of record.**

### **Emergencies**

We try to work in **qualifying** emergencies within 24/48 hours of contact with the office. Understanding the appointment time may not be the most opportune time for you or your schedule. We will offer what is available in the schedule keeping in mind the other patient appointments that are scheduled, as well as considering that most emergencies generally take time to resolve.

### **Family Accounts**

All family members will be placed on the same account. Treatment charges and payments will be specified to each individual ledger but account balance will reflect the total for the family account. Minors will not be placed on a separate account and adult family members will not be placed on a separate account unless specified when the New Patient/Family account is established.

### **Divorce**

In the occurrence of a divorce, we will try to separate the account and will hold each party responsible for their individual balance. ***In collection procedures, both parties will be held responsible.***

### **Divorced Parents**

The parent who initially brings the child will be held ultimately responsible for the balance of the account. We will try to help in any manner to get payment from the other parent, but we will not get involved with divorce decree.

### **Returned Checks**

Returned checks are subject to a return check fee of \$30 and non-resolution of the check balance will require the notification of the policy and further prosecution.

***If you should have any questions regarding the above, please ask and we will be happy to explain further. Thank you.***