

**POLICIES AND PROCEDURES:** *This is to inform/update you on our Policies and Procedures. Please read and initial each item. Our staff will be glad to answer any questions you may have. Thank you.*

\_\_\_\_\_ Appointment Reservation Deposit – A deposit may be required for lengthy appointments or when an appointment was previously cancelled without 48 business hours notice. The deposit will be equal to the greater of \$50.00 or 10% of the total charges scheduled. **The Appointment Reservation Deposit is non refundable.** Please make sure to call at least 72 hours prior to your appointment if you need to reschedule or cancel. Failure to do so will result in forfeiture of this deposit.

\_\_\_\_\_ Insurance Billing – Patients or legal guardians are personally responsible for the payment of all dental services. We will assist in making collections from insurance companies by preparing claims the same day of service. A one dollar charge will be accessed for the preparation and filing. Insurance payments paid to the doctor will be credited to the account.

\_\_\_\_\_ Patient Statements – Statements will be sent out once a month on the first workday of each month. Please review your statements and remit any balances due by the 20<sup>th</sup> of the month. Checking account payments can also be made online from website [stephensandburrell.com](http://stephensandburrell.com).

\_\_\_\_\_ Finance Charges – Finance charges of 1½% (18% per annum) will be applied on the unpaid principal balance on all accounts not paid within 60 days of the treatment date. This includes amounts that have been filed with an insurance company.

\_\_\_\_\_ Notification of Changes – It is important that we are kept informed of changes in your health, medication, insurance, address, and telephone number. New insurance information must be submitted to our office at least three business days prior to your appointment. Without advance notification you will be considered a cash patient at the time of your appointment. Once the insurance is verified, we will file the claim and have the payment sent to you.

\_\_\_\_\_ Returned Checks – A \$30.00 fee will be accessed in the event of a returned check. Thereafter, payment must be made by cash, debit card, or credit card.

\_\_\_\_\_ Incentive Programs:

New Patient Referrals – Dinner for two (valued at \$50.00) will be awarded for five (5) patients referred. A Rotadent Toothbrush (valued at \$150.00) will be awarded for an additional five patients referred.

Stephens & Burrell Gift Cards – A gift card (one per family) will be awarded to patients who schedule and keep their hygiene appointments in a timely manner. The initial award credit is \$25.00, with subsequent credits added to the card in \$20.00 increments. Ask our staff for details.

\_\_\_\_\_ Appointment Reminders: Reminders will be sent via telephone, email, and text messaging. Please inform the staff if you do not wish to receive one of these forms of notification.

Patient Name (Printed): \_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_