



**HUGHES DENTAL GROUP – COMPANY POLICY**

We are committed to providing you with the highest quality of dental care using only quality materials and our wealth of knowledge. We feel strongly that our patients deserve the best dental care we can provide and in the process of doing so, we would like to share our financial policy and some facts on insurance coverage with you.

- Your **Payment / Co-payment** is due at the time we provide service.
- Our office accepts cash, personal checks, Visa, MasterCard, Discover, and American Express.
- Outside financing is available upon request and approved credit.
- Patients will be responsible for providing correct insurance information and will inform our office as changes occur. It also is your responsibility to advise us of your insurance coverage and restrictions.
- As a patient, it is your responsibility to deal with your insurance company & your employer. As a courtesy, we will be happy to send insurance claims for patients, but it is your responsibility to comply with insurance requests, such as proof of coverage, etc.
- We will assist in any way possible to maximize your dental insurance benefits, but to reemphasize, we have no responsibility to your insurance company.
- Dental insurance is not meant to be a “PAY-ALL”, it is meant to be an aid.
- Many insurance plans tell their insured that their coverage will pay up to 80% or 100%. In actuality, their coverage may be at a reduced fee which is based on their fee schedule. It is your responsibility to advise us your fee schedule.
- Many routine dental services are NOT cover by insurance carriers. We make our recommendations based on your needs and not on what your insurance may or may not cover.
- You may pay us directly and then have your dental plan pay your benefits directly to you, or you may direct your insurance company to pay your benefits directly to our office by signing this policy.
- All charges you incur are ultimately your responsibility, regardless whether or not you have dental insurance.
- Additional **\$75.00** charges may be incurred for broken appointment or appointments cancelled without 48-hour notice.
- Balances older than 90 days may be subject to finance charges at the rate of **2% per month (24% annually)**.
- Returned checks may be subject to **\$25.00** collection fees.
- We find that insurance companies response in a more timely manner if the policyholder is involved. Therefore, we may request your help on calling your insurance company for updated claim status.

Please do not hesitate to ask us any question about our office policies. We want you to be comfortable in dealing with these matters and we urge you to consult us if you have any questions regarding our services and/or fee. We will do our best to provide you with positive experience in dental care and financial needs.

- I acknowledge the above financial policy and agree to be financially responsible for all fees.
- I acknowledge the receipt of Notice of Privacy Practices.
- I acknowledge the receipt of Dental Material Fact Sheet dated October 2001.
- For patients with insurance coverage, I am responsible to pay my entire balance if my insurance has not paid for services within 45 days.
- I authorize the release of all necessary information to my insurance company.
- I authorize to affix my name to any and all claims or documents related to any and all dental benefits due me and my dependents.
- I authorize payment of dental benefits otherwise payable to me, directly to your office. The “Signature On File” will be valid from this date till I terminate it in writing. A photocopy of this document may act as an original.

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

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