

Dr. Garnet Jack DMD

Office Policy

Financial Policy

Thank you for choosing Universal Dental to serve your dental care needs. We provide high quality care to our patients and are committed to your treatment being successful. Please understand that your financial obligation is considered a part of your treatment. In the interest of good dental care practice, it is desirable to establish a credit policy to avoid misunderstandings. To assist our patients, we offer the following methods for taking care of their account in our office.

- On your first visit we expect you to supply our office with your insurance information and photo ID card. If any changes should occur during the time you are a patient, it is your responsibility to inform our office with any changes. Our office will not be responsible for claims submitted to insurance companies by which you are no longer covered.
- New patients are required to pay for services in full on their first visit. If the patient is a member of an HMO/DMO plan then the co-Payment is due. Patients are required to pay their deductible and co-payment are at the time of each visit. If insurance claims are sent to your insurance, and returned with no payment on the treatment that was provided, the patient is held responsible for making the payment after the explanation of benefit is sent to our office, in full payments.
- While we accept most insurance plans, and are happy to aid in submission of your claims, it is your responsibility to read your policy and be aware of services covered or not covered by your individual plan.
- As a courtesy, we will gladly bill your insurance, when you provide us with the current information and any necessary forms. Often times we are able to contact your insurance provider prior to your appointment and estimate your portion of the bill. We ask that you either pay your portion of the bill at the time of service, or that a suitable written financial agreement be reached at the time of service. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account until it is paid in full. Insurance policies are a contract between you, your employer, and the insurance carrier. Please be aware that some, and perhaps all of the services rendered may not be covered under your individual insurance policy. You are ultimately responsible for payment of your account.
- If no payment is received on an account after 30 days & 2 monthly statements our office will make every effort to contact the responsible party. If the party responsibility cannot be reached, a third bill will be sent indicating that " This will be the final notice for payment". If the party fails to contact our office after receiving such notice, the account will be sent to a collection agency.
- Financial options are available to all patients. Please feel free to ask one of our office personnel.

Failed Or Cancelled Appointments

If an appointment has been reserved for you we kindly ask that patients give us 24 hours notice for cancellations.

Estimates And Fees

After x-rays and examination, you are entitled to an and should ask for an estimate of fees to cover your treatments. All estimates are based upon conditions viewed at the time of diagnosis; unforeseen circumstances, such as Pulpal therapy or cracked teeth could alter an estimated fee. It is customary to pay for dental services when they are rendered.

Delinquent Accounts

Delinquent accounts will have to be turned over to a Credit Reporting Collection Agency.

Notice of Privacy practices (HIPAA)

A copy of our office Notice Of Privacy Practices (HIPAA) is available in our office. You have the right to read our Notice Of Privacy Practices before you decide whether to sing this consent. Our Notice provides a description of our treatment, payment activities and healthcare operations. Of the uses and disclosures we may make of your protected health information and of other important matters about your protected health information. We encourage you to read it carefully and completely before signing this Consent. Upon your request we will be happy to provide you with your own personal copy of our Privacy Practices.

Signature: _____ Date: _____