



Bellecare Dental Office Policies

Please read and initial the following statements.

Please pay special attention to the policies which have been highlighted & have *** by them. Thank you!

Scheduling Policy***

While Bellecare Dental will make every effort to accommodate our patients' busy schedules, our policy is to reschedule any patient arriving 10-minutes or later for an appointment, so as not to inconvenience others for whom we have reserved time. In these situations, we may shorten or reschedule the appointment, dependent upon time we have reserved for others that day.

Patient or Parent/Guardian Initials _____

Pediatric Care (For Parent/Guardian completely form for child)

For all patients who are below the legal age of 18 a legal guardian or parent must present at the time of the appointment and the scheduling of future appointments. All appointments will be made and confirmed through the parent/legal.

Patient or Parent/Guardian Initials _____

Cancellation Policy***

We require two working days notice (48 hours) to reschedule or cancel dental appointments. For each hour reserved for you, a charge of \$65.00 will be assessed for late appointment charges or for failure to keep an appointment. Please respect our practice and other patients' time by informing us as soon as possible when you are unable to make an appointment. You will receive a reminder call 2 days prior to your appointment. Monday appointments will be confirmed the Friday before. Please note that these calls are courtesy calls: your appointment is still your responsibility.

Patient or Parent/Guardian Initials _____

Estimation of Dental Benefits***

I understand that Bellecare Dental can only provide an estimate of dental insurance benefits and cannot guarantee payment by my insurance company. I understand that although my insurance states services are covered there is no guarantee of coverage until claims have been processed through the insurance company. I agree to pay any difference of a claim if the insurance does not cover my services rendered. It is in my best interest to understand by benefits as coverage varies from plan to plan (even within the same company). If I request, Bellecare Dental will submit a predetermination of benefits to my insurance company prior to beginning treatment. If my account should be placed in the hands of an attorney for collections or if suit shall be brought to collect any of the principal, interest or monthly billing fee of this account, I promise to pay reasonable attorney's fee and cost of such suit.

Patient or Parent/Guardian Initials _____

Photography

I understand that as a part of my care, photographs may be taken of my teeth and face: the publication or showing of these photographs will be for insurance related and healthcare operations only.

Patient or Parent/Guardian Initials _____

Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices.

Patient or Parent/Guardian Initials _____

Release of Benefits and Information

I authorize my insurance benefits to be paid directly to Bellecare Dental. I am responsible for payment of my account even though an insurance claim has been filed. To the extent permitted under applicable law, I authorize Bellecare Dental to release information relating to the claim. I am responsible for the portion not covered by insurance on the day of my appointment.

Patient or Parent/Guardian Initial _____

Patient or Parent/Guardian Signature: _____ Date: _____