

NOTICE OF OFFICE POLICIES

For Jacqueline M. Hughes, DDS

Our fees are meant to be fair and reasonable. We strive to keep them that way. You assist that effort when you pay for our services prior to or at each visit. When paying in full prior to or at your visit, you will receive a 5% discount. Our office personnel can tell you the approximate fee for treatment before your appointment. To make payments convenient for you, we accept cash, personal and business checks, Visa, Master Card, Discover, and CareCredit.

We will cooperate fully with all our patients who are covered by insurance plans. **Dr. Hughes assumes no responsibility should the patient (parent/guardian, if minor) err in the utilization of their insurance according to their insurance companies rules, regulations, limitations and requirements.** We are a participating office with Aetna Dental PPO, Blue Cross Dental, CIGNA, Delta Dental, Guardian, Highmark, Humana, METLIFE, and United Concordia. Insured patients should read their policies carefully to become familiar with its benefits and limitations. **It is important that you understand that in most cases your insurance is designed to reduce your cost, not eliminate it completely.** You are ultimately responsible for the full amount of your bill regardless of your insurance coverage. The office personnel can give you an estimate of the portion that will not be covered, and **you will be responsible to pay this at the time of service.** We will submit the claim to the insurance company for them to pay their portion. If there is still a balance due, you will be responsible for the entire balance. **If your insurance company has not paid the claim in 60 days, the full balance will become your responsibility.**

If your account is outstanding for more than 90 days, you will be sent a letter giving you a warning that you have 10 days to pay or the account will be turned over to our collection service and a 25% collection fee will be added.

Any checks returned to our office are subject to an additional fee of \$20.00. Immediate remittance in the form of cash, money order or certified funds is expected.

If you are unable to keep your scheduled appointment, kindly give 24 hours notice. Otherwise, after the second occurrence, you will be charged a fee of \$50.00 per broken appointment. If you fail to show up for your appointment you will also be charged a fee of \$50.00 after two occurrences.

If, at any time, you have a question about this policy or your account, please do not hesitate to contact our office.

I have read the above policy and agree to accept financial responsibility.

() I authorize the release of any information necessary to process my claim.

I () do / () do not assign insurance benefits.

Signature of Patient : _____ (Parent/Guardian if minor)

Date: _____

Jacqueline M. Hughes, D.D.S.
Mercersburg Family Dentistry
200 Loudon Road
Mercersburg, PA 17236

Composite Restoration Policy

Patients:

We are committed to providing the highest quality of dental care for you. It is our practice to use white composite fillings on anterior and posterior teeth. You may want to check with your insurance company to verify your coverage for white composite fillings on posterior teeth. It will be your responsibility to pay the difference between our fees and what your insurance company pays.

Thank you!

(Signature)

(Date)