



# ARISTA DENTAL CARE

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## OF EDMONDS

### OFFICE POLICIES

#### **Insurance/Billing**

As courtesy, we accept assignment of benefits for primary and secondary insurance. It is your responsibility to provide our office with complete and accurate insurance information at the time of service. Our office cannot guarantee the amount that an insurance company will pay. Your insurance is a contract between you and the insurance company and we are not a party to this contract. Disputes with the insurance companies are the responsibility of the insured. We have no control over the terms of your contract, the method of reimbursement, or the determination of benefits. You agree to be responsible for payment of all services rendered. We will file a pre-determination for recommended treatment when requested by a patient, however any pre-determination is only an estimate of insurance coverage and often insurance companies can choose to not honor them. We request that you pay your estimated portion when services are rendered. Any amount not covered by insurance or any difference in the estimated portion is the patient's responsibility. For your convenience, we accept MasterCard, Visa, check, cash and Care Credit. There will be interest charged to past due accounts. A fee of \$30 will be applied for checks returned by the bank.

#### **Scheduling and Missed Appointments**

Patients are seen by appointment only. Arriving on time makes it possible for you to be seen as scheduled. Patients who are running late are asked to call the office as soon as possible to see if they will still be able to be seen.

Kindly notify us in advance if you are unable to keep an appointment, with a minimum of 48 hours' notice. We understand that there are circumstances that may prevent you from keeping an appointment. Giving us notice allows us to offer the appointment to other patients awaiting care. We reserve the right to charge a fee of \$75 for **any** missed appointment **or** under 48 hours' notice.

**I have read and agree to the above Office Policies**

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**Name**

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**Date**