

Office Policies and Procedures

Insurance Responsibility

It is your responsibility to make sure that the dentists at Byerly 's Family Dentistry are part of your insurance plan. Please reference the telephone number on the back of your insurance card to verify this information. We are "participating providers" in a large number of plans, however, we are not contracted in all plans.

It is your responsibility to understand your plan benefits. Our doctors will place composite white restorations unless otherwise requested. Most insurance plans cover fillings at a metal rate. You the patient are liable for the difference in cost. As a courtesy, we are happy to file insurance claims for your dental procedures as long as you provide us with the necessary information. We will bill you for the balance due after insurance has paid. Please contact your insurance company directly with any questions you have about coverage.

Appointment confirmations

If you are unable to keep your appointment you must notify the office 24 hours in advance to cancel and/or reschedule so we have sufficient time to call those who are on the waiting list. Repetitive no shows may subject to a charge.

Consent for services

I Consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

As a condition of treatment by this office, financial arrangements must be made in advance if you are unable to pay in full at receipt

In consideration for the professional services rendered to me by this practice, I agree to pay for the charges rendered.

Payment Plans

We will send your procedure to your insurance. Once they pay, we will send you a bill. After 90 days there will be a finance interest charged. Payment arrangements can be established. Please ask about options available if you are unable to pay balance in full.

Thank you for choosing us to partner with you in caring for your dental health

Signature

Date

Acknowledgment of Receipt of Notice of Privacy Practices

I _____ have received a copy of Dr. Byerly's notice of privacy practices.

Signature

Date