

FINANCIAL POLICY

WELCOME

We are delighted that you have chosen Port Warwick Dental Arts where technical excellence, compassionate care, sound health and aesthetic beauty are the foundation of all we do. The benefits of Total Health Dentistry are immeasurable. Our commitment is to listen to your desires and fulfill your vision for optimal health. As you complete your registration forms we ask that you review and familiarize yourself with our office guidelines. We are available to answer any of your questions. Thank you for the privilege of welcoming you to our patient family. We are aware of the many options you have when seeking a dental practice and are honored that you chose Port Warwick Dental Arts.

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Your introduction to our office begins with a warm welcome and a personal review of your medical and dental history with our doctor and/or a member of our team. This is our opportunity to begin to really get to know you, to listen to your concerns and to learn of your expectations. At this meeting we will also begin to present educational information tailored to your specific dental goals and desires. Please feel free to ask many questions and share any concerns you might have regarding your care.

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DENTAL INSURANCE BENEFITS

Our commitment to you will always be to diagnose and treat you based on our education, technical skill, care and judgment. We will recommend treatment only when appropriate for you and your well-being. Due to the limitations, exclusions and waiting periods of dental insurance plans, we are an out-of-network provider, ensuring that our care for you is what you deem is best for you, not that which is determined by a third party. It is our pleasure to submit your dental and medical claims when we have the appropriate information from you. Any benefits will be paid directly to you by your insurance company. While we do our best to estimate dental benefit reimbursement, it is an estimate only, as there are many factors determining benefits that are withheld from us. As the policyholder, we encourage you to resource your HR department to gain a full understanding of your dental insurance plan. We will furnish you with an itemized statement from which you can submit your claim to your secondary carrier for direct reimbursement.

APPOINTMENTS

All appointments are reserved to best accommodate your busy schedule and to minimize the number of visits it will take to accomplish your treatment plan goals. Every patient of PWDA is a VIP patient and we work diligently to ensure that you are safe, comfortable and relaxed. Because we strive to accommodate scheduling preferences for all of our patients, if you find it necessary to change an appointment, please provide us with ample notice (5 business days for all regularly scheduled appointments.) All regularly scheduled appointments missed without a 5 business day notice are subject to a broken appointment fee of \$190 per appointment hour. Occasionally a patient will call with a dental emergency which may cause us to run unexpectedly behind schedule. While dental emergencies cannot be predicted, we appreciate your patience and understanding in the event that one occurs during your scheduled appointment. Please know that should you ever contact PWDA with a dental emergency, your emergency will also be treated with priority status.

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APPOINTMENTS THAT REQUIRE A DEPOSIT

Complex appointments are those that are scheduled a minimum of 3 hours. These appointments require a full payment at least 14 business days prior to the scheduled appointment. All other appointments with the Doctor require a 50% deposit to secure your appointment time. Deposits are based on entire treatment plan for the day and are estimates only. These estimates are based on a sound diagnostic evaluation but unexpected changes in treatment may be necessary. Should this occur, treatment will pause while new findings, treatment options and financial responsibilities are discussed with you. Treatment proceeds with your permission.

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PARENTS AND LEGAL GUARDIANS

It is our policy that a parent/legal guardian must remain in the building during treatment of minor children under 18 years of age. The Doctor may need to discuss findings, treatment options, post-operative instructions or future appointment need. Your cooperation will help to ensure a comfortable and informative visit for you and your child.

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PAYMENT POLICY

Payment is to be secured in order to reserve your appointment time. We accept cash, money orders, Visa, Mastercard, Discover, American Express, Lending Club and Care Credit. Any balance that has not been paid prior to services rendered, is payable at the time services are rendered.

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Dr. Samaha is concerned for patients facing Financial challenges with needed and or desired treatment. Please discuss this with our Patient Care Coordinator or our Practice Administrator, as needed. <i>I have read and understand the above policy</i> .							
Printed name of Patient, Parent Guardian (relationship)	Date						
Signature	Witness						