



## Heather J Brown, DDS Family Dentistry

The mission of our entire staff is to provide the very best gentle, personal dentistry for adults and children. The quality of care we provide is exemplified by the knowledge and experience of our staff, our office cleanliness and sterilization procedures, and our equipment and diagnostic technology.

### PAYMENT INFORMATION

Payment is expected at the time treatment is completed. Payment can be made by cash, check or credit card. If you have dental insurance we will contact your insurance company for details of your coverage and will file the insurance claim. You will need to pay the portion of the fees that we estimate will not be covered by your insurance. Please understand that this is an estimate; your insurance company will make a final determination of what is, or is not, covered by your policy. You are responsible for any fees not covered by your insurance.

Our dental practice is not "in-network" or "listed" with any managed care or PPO insurance plan. Many insurance plans are "free choice" plans allowing you to freely choose your dentist. "Preferred Provider" (PPO) and "Managed Care" insurance plans prefer or require that you see a listed, in-network, affiliated dentist in order to obtain full insurance coverage. Affiliation with a PPO or Managed Care program requires that we agree to service a large volume of patients, limit treatment options, and otherwise approach dental care like factory automation. The fact that we are not affiliated with any PPO or Managed Care dental plan does not automatically mean your insurance company won't reimburse all or part of your dental fees. Please check with your insurance company! Our fees do not change whether you have, or do not have, dental insurance.

We strongly encourage you to check with your insurance company or benefit administrator at work and become knowledgeable about your dental insurance.

### CANCELLATION POLICY

To cancel your appointment, please notify our office at least twenty-four (24) hours in advance of your scheduled appointment time. Appointment changes can only be accepted during regular office hours. You may be charged a fee of \$50 for not providing a twenty-four (24) hour notice of cancellation or failing to show up for the appointment. A patient will be dismissed from the practice after three (3) missed appointments.

X \_\_\_\_\_

Date \_\_\_\_\_

Signature of Patient or Parent/Guardian if Patient is a Minor