

RAVIN FAMILY DENTAL CARE



Office/Financial Policies

First New Patient Visit: All new patients are expected to pay for their first visit in full at the time of service by cash, check, credit card, debit card or with Care Credit. Any patient who would like us to process dental insurance for future visits will need to provide a dental insurance card or provide the insurance company name, address, phone number, group ID and subscriber ID or SSN. Once coverage can be verified patients are only asked to pay for the initial visit in full if they have dental benefits. The **ONLY** exception is if a patient has Northeast Delta Dental Premier or Securian due to we are in network with these dental plans.

Patients without Dental Benefit Plans: Payment in full is due at the time of service. We will provide estimates upon request. We do offer Care Credit. Please ask Kelly or Debi about it.

Dental Benefits: We will assist you in completing and submitting dental claim forms. We submit most insurance claims electronically and by signing the below form you are giving us your permission to do so. Please remember the dental services are rendered for and charged to the patient and not your insurance company. We are not responsible for the extent to which your insurance policy covers specific dental services or treatments. Insurances are intended to be of assistance in paying for treatment. There is no connection between our fees and what your insurance company is willing to pay. Please note that the dental insurance is a contract between your employer and the insurance company. Payments of any deductible and co-payments are expected at the time of service. In certain instances financial arrangements (crowns, bridges, etc.) will be necessary prior to the start of treatment.

Appointments: We will do our best to reserve dental appointments that fit your schedule. Should you need to change your appointment we would require **48 hour notice**. It is our office policy to charge **\$45.00** for per hour of scheduled time, should you not give sufficient notice. Please help us by **only** scheduling appointments you can make a commitment to. We want to be able to reserve that time specifically for your dental care.

Initials _____

Minor Patients: Treatment consent is required for any child under the age of 18. We would prefer parents to remain in the office during your child's dental appointment. We may need your assistance to complete treatment during such appointments. It also will help us communicate any necessary information about your child's dental health. Of equal importance is to keep your child's health history current.

Over 18 Dental Information Disclosure Agreement

This pertains to any patient whom has recently turned 18. If you would like to grant us permission to share your personal dental health information with a personal representative (for example a spouse, sibling, parent, child, or friend) please sign below.

I, _____, hereby grant permission for **Daniel R. Ravin, P.C.** to disclose my personal health information to the following personal representatives(s): (spouse, sibling, parent, child, friend, etc.)

Name(s): _____

I understand that this permission will remain in effect unless a written cancellation has been provided to Ravin Family Dental Care.

Signature: _____ Date: _____

By signing this form you agree to our office polices. Should you have any questions regarding our office and our policies please feel free to ask. Our goal is to help our patients achieve a healthy, lasting smile.

Sincerely,

Daniel R. Ravin, D.M.D. & Staff

Signature: _____

Date: _____