Johnson Ranch Dental

Office Policies

Our Philosophy is to provide the highest quality of patient education and dental care to all patients that choose us for their dental care. Our hope is by providing you the following information we can prevent misunderstandings to ensure you encounter a positive experience. Please feel free to let us know if you have any questions or concerns.

EXPECTED PAYMENT

To keep our fees to you as low as possible, we ask that payment be made at the time of service. For your convenience an estimate for services will be prepared in advance of your appointment to ensure you opportunity to plan for your dental care. We believe whether you privately pay or have dental insurance to assist you, everyone deserves the care they need and want.
Initials_____

DENTAL INSURANCE

We are happy to file your dental claims to assist you in receiving the full benefits of your coverage. We will accept the estimated insurance directly from your insurance company provided payment is received from them within 45 days. Please realize your insurance is a contract between you, your employer, and the insurance company; therefore, we cannot guarantee coverage or eligibility and your assistance may be requested to expedite the processing of your claim. Not all services are covered benefits in all contracts; therefore, you are ultimately responsible for the total amount of your dental fees. The treatment recommended for you is indicated regardless of your dental benefits, deductibles, limitations, or maximums.
Initials_____

PAYMENT OPTIONS

For your convenience we provide a variety of payment options to help you receive the quality care you need to enjoy a healthy and confident smile.

PAST DUE BALANCES

If applicable balances owing, from a prior visit where insurance is not pending, or an insurance payment has not been received within 90 days, or the account has been sent to collections is considered past due. Payment of any past due balance is required to be paid in full before incurring new charges. Balances over 90 days may be subject to a rebilling fee.
Initials_____

CANCELLATIONS

We consider all appointments confirmed when they are reserved. Our schedule remains open yet fully staffed when patients cancel or fail the same day of their appointment. **We require 48 hour advance courtesy notice so there will be sufficient time to offer your appointment to another patient.**

We do reserve the right to charge $75.00 per hour of missed appointment time if sufficient notice is not given

My signature indicates that I understand the policies as outlined and any questions I have with regard to office policies have been answered.

Signature of Responsible Party or Patient **Date**

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My signature indicates that I have reviewed the office policies with the responsible party and/or patient.

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Signature of Staff Member or Doctor **Date**