

Sabino Hills Family Dentistry

Patient Rights and Responsibilities

Federal Government Employees

If you are employed by the Federal Government, please note that we may be required to bill your medical insurance as a primary plan. Your dental insurance requires us to submit a copy of your medical Explanation of Benefits (EOB) with your dental claim. For this reason, you will need to email, fax or mail your medical EOB within 60 days of your visit, to ensure your dental plan is billed in a timely manner. We are NOT a contracted provider of Blue Cross/Blue Shield so any missing medical EOB can result in a higher out-of-pocket cost for you.

X-Rays and Examinations

As a standard of care among dental practices, we take updated x-rays and complete a diagnostic examination once per year on every patient. This allows us to diagnose any early signs of caries or other dental problems that may worsen with time. Our office is equipped with the latest in x-ray technology so there is minimal radiation in the images we capture.

Insurance

As a courtesy to you, we will bill your dental insurance for all treatment provided. However, payment is expected at the time of service before any treatment is rendered. Please be prepared to cover your portion of the cost at check-in or we will be happy to reschedule your appointment for a time when it is financially feasible for you. Your dental plan will make the final determination of benefits and any portions that are NOT covered will be billed to you.

Amalgam/Silver Fillings

Most dental insurances downgrade fillings to amalgam/silver on back teeth as they are much less expensive than tooth-colored material. However, we do not provide amalgam/silver fillings as they are not recommended by Dr. Allen. We understand that dental treatment can be an investment for you and tooth-colored fillings simply last longer and don't pose as many risks as silver fillings do. Please note that there may be a difference in out-of-pocket cost with your insurance, but we will do our best to provide you an estimate that includes any downgrade. We can also request a pre-authorization from your dental plan so we can know your coverage more accurately.

Out of Network Benefits

Though we are contracted with a handful of insurance plans, we remain Out of Network with larger PPO plans such as Metlife, Tricare United Concordia, Ameritas, United Healthcare, Blue Cross/Blue Shield, HealthNet, Principal, etc. Please keep in mind that your benefits may be altered or decreased when seeing an Out of Network provider. We will do our best to provide you with a cost estimate that reflects these benefits but your dental plan will make the final determination of

benefits. If you wish to know a more accurate reflection of your coverage, please let us know so we can request a pre-authorization from your insurance. Such authorizations take between 6-8 weeks to process.

Payment before Services

Payment is always expected at the time of your appointment. Please be prepared to provide such payment when you check-in for your visit. You will be provided with a cost estimate of your treatment prior to receiving any dental care as well as a variety of payment options to make treatment more accessible. If you are unable to provide payment at the time of service, we will be happy to reschedule your appointment for a time when it is financially feasible for you.

Cancellation Policy

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have implemented an Appointment Cancellation Policy that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside especially for you and when it is missed, that time cannot be used to treat another patient. To be respectful of our patient's time and doctor's schedule, we require at least 48 hour advanced notification if you are unable to honor your commitment or need to cancel your appointment. A \$50 charge will be made if you cancel your appointment without prior notice or on the day of the appointment.

I have read and fully understand each of the practice policies listed and agree to be bound by their terms. I will direct any questions or concerns to the staff for clarification.

Printed Patient/Guardian Name

Date

Signature of Patient/Guardian