DENTAL APPOINTMENTS, FINANCIAL ARRANGEMENTS, AND DENTAL INSURANCE

At Coast Smile Dental Hygiene Service, we believe our patients deserve dental hygiene without restrictions and we are not an insurance based dental hygiene practice. Full payment is due when services are rendered. If you have dental insurance or denti-cal, as a courtesy, we are happy to help you fill out your insurance claim and the insurance reimbursement goes directly to you. To achieve these goals, we need your assistance, and your understanding of our payment and appointment arrangements.

Payment for services is due at the time services are rendered. For your convenience we accept cash, check, and Zelle. Again, we will help you fill out your insurance claim form. Any such request MUST be accompanied by a completed insurance form.

Returned checks are subject to a $25.00 fee. Charges may also be made for broken appointments and appointments canceled without 48-hour advanced notice. After 2 missed appointments, or appointments changed without adequate notice, we may ask you to find another source of dental hygiene care.

We will gladly discuss your proposed treatment and answer any questions you may have. You must realize, however, that:

1. If you have dental insurance, it is a contract between you, your employer, and the insurance company. We are not part of that contract.
2. Most insurance companies pay a percentage of our accepted fees. The percentage may vary by the type of procedure. Other companies reimburse based on a percentage of an arbitrary 'schedule' of fees, which bears no relationship to the current standard costs in the area.
3. Not all services are a covered benefit in all insurance contracts. Some insurance companies, and the Denti-Cal program, select certain services they will not cover.

We must emphasize that, as dental care providers, our relationship is with you, not your insurance company. While the filling out of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to help.

Signature: _____ **Date:** _____