

# COMFORT DENTAL STUDIO, INC

## Office Billing Policy

Comfort Dental Studio, Inc. would like to take this opportunity to welcome new patients to our practice and to thank our returning patients. To avoid any confusion regarding our current billing policy, please review the following information and sign below. A copy will be provided for your records.

1. Co-payments are due prior to being seen by the hygienist and/or dentist.
2. If you do not have insurance or you are under insured, or are subject to a deductible, payment is due at the time of service.
3. We accept Visa, Mastercard, Discover and American Express for your convenience.
4. If applicable any, all payment arrangements must be made with the practice manager prior to initiation of treatment.
5. If you have Medicaid or Peachcare, we will attempt to verify coverage on their website prior to treatment. If however, their website is inaccessible or your coverage is unable to be verified, you are responsible for full payment at the time of service.
6. Whoever brings your child to our office is responsible for payment. This includes grandparents, caregivers, siblings, etc. We must have a signed note from a parent authorizing anyone other than a parent to accompany a child for treatment.
7. **No one under the age of 18 years will be treated without a parent or guardian present.**
8. **Please be aware of your insurance coverage.** We do our best to verify your coverage before treatment is rendered. However, this verification is not a guarantee of coverage or payment by your insurance company. You should be aware if you have deductibles, co pay, or urgent care coverage. Call your carrier if you have any questions.
9. **We file your insurance as a courtesy to you.** If payment is not received from your insurance company within 30 days, the balance is your responsibility.
10. If you are referred to a specialist for treatment by our office, it is your responsibility to give us a 24-hour notice prior to that specialty appointment to prepare necessary radiographs and referrals. Do not wait until the day of that appointment to contact us. This does not allow us enough time to prepare your records.
11. Any patient requesting radiographs and records for our office, other than for specialty referral, will incur a \$30.00 duplication fee.
12. Any Patient wishing to cancel an appointment must give our office at least a 24 hour notice, if not the patient will incur a 40.00 broken appointment fee. **(BA fee for certain scheduled appointments could be more.)**

We appreciate your cooperation. If you have any question or need assistance with your insurance or your Account, please feel free to call our practice manager at 678-377-1800.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE BILLING AND OFFICE POLICY AND HAVE BEEN PROVIDED A COPY FOR MY RECORDS. AT MY REQUEST.**

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (patient and/ or guardian)