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Our Guidelines and Financial Policy

We are pleased to inform you of our general information about our practice. If you carry dental insurance and desire our office to process your dental claims, we are happy to assist with this process. As you may be aware, dental insurance does not always cover full cost of treatment and/or deny payment completely. In those instances, patients are responsible for any amount via the insurance company does not pay for any reason. We thank you for allowing us to serve you with your dental health care needs.

- 1. DENTAL SERVICE:** Full payment or co-payment is due at time of service. As a form of payment, we accept cash, checks, Master Card, & Visa. We have a returned check policy of \$20.00 if this should occur for processing bank fees. We offer a 10% discount to all military families. If you have no insurance, there is a 10% cash discount for payment at time of service, a 15% discount to seniors with no insurance.
- 2. INSURANCE BILLING:** Patients who wish for our office to bill their insurance company, we require you to provide us with the necessary information in order to bill your insurance correctly. Your dental insurance is a contract between you, your employer and/or your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be a non-covered service under you dental plan. Co-pays collected are estimates only. Our practice is committed to the best treatment for our patients and our fees are based on usual and customary for our area. You are responsible for any payment regardless of arbitrary determination of usual and customary rates by insurance companies.
- 3. LATE & MISSED APPOINTMENTS:** Patients arriving 15 minutes late into their scheduled appointment may need to reschedule, in order to meet the needs of those patients who are on time for their pre-reserved visit. We need a 24-hour cancellation notice before your scheduled appointment time or a fee may be added to your account of \$50.00 per hour for a missed appointment with the doctor and \$25.00 with our hygienist.
- 4. FINANCIAL ARRANGEMENTS:** If your account is turned over to collections, we will not be able to schedule anymore appointments until your balance is paid in full. Thereafter you will be asked to prepay in full in advance of any treatment rendered.

By signing below, you agree to our Guidelines and Financial Policy. Thank you for understanding.

Patient Signature _____ Date _____

Printed Name _____

Dependent Family Members also covered by this acknowledgment: _____

The Guidelines and Financial Policy is effective as of January 1, 2014