

Pearl Family Dentistry

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Thank you for choosing Pearl Family Dentistry to provide dental care for you and your family. Please review the following office policies and feel free to let one of our team members know if you have any questions.

Payment Policies

All co-pays are due in full when reserving your appointment. We accept cash, check, major credit cards, and Care Credit, a healthcare financing option. In the case of a returned check, a fee of \$25 will be applied. After this only cash or credit cards will be accepted for the account.

Statements are sent as needed. A billing period is considered ten days from the date the statement is mailed. Accounts over 30 days will incur finance charge of 1.5% per month. Our office does not do third party billing. (i.e. non-custodial parents, employers, etc.)

If it is necessary to refer your account to an outside collection agency, any pending treatment will not be completed until the balance is paid in full.

Initial _____

Choosing Treatment Options

Our goal through your examination, diagnosis and treatment phases is to provide optimal oral health. We do not let insurance companies or coverage dictate how we treat you. Whether or not the recommended treatment is a covered dental benefit is between you, your employer, and the insurance company.

Insurance Assignment & Release

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr. Badwalz, all insurance benefits, if any, otherwise payable to me for services rendered. **I understand that I am financially responsible for all charges whether or not paid by insurance.** Insurance is a contract between the insured and the insurance company. We file insurance claims as a courtesy to our patients. We will be happy to help you with any questions you might have concerning your insurance claims in our office. You are responsible for knowing your insurance coverage policies and we cannot be held responsible for any errors in the *estimation* of your insurance coverage. If you have a change of address or insurance information, please inform us immediately so we may update your information.

Initial _____

Appointment Confirmation Policy

It has always been our intention that *your* time is valuable. For this reason, we do not double book like other practices. Keeping scheduled appointments allows us to provide optimal care for our patients and to monitor progress in a timely manner. As a courtesy, we confirm appointments in advance. We have the right to cancel or move your appointment if you don't confirm.

Therefore, we do request if you must reschedule your appointment, please provide our office with at least 24 hours business day notice, otherwise we reserve the right to charge a missed appointment fee.

Initial _____

We appreciate your review of our office policies. Please let us know if we can further explain any of the preceding information. We look forward to fulfilling our commitment to you and your family and anticipate an enjoyable and productive relationship. Please sign below confirming that you have read and understand these policies. We look forward to working with you.

I ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE ABOVE OFFICE POLICIES FOR Pearl Family Dentistry.

Signature

Date