



Family Dental Center

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Poughkeepsie, NY 12601
(845) 463-9300
Fax (845) 463-3035

Our Practice Statement

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the busy scheduling needs of all our patients. In return we ask that patients make every effort not to change reserved dental appointments. Broken and missed appointments create scheduling conflicts for our patients as well as the practice. If you find that you must change your appointment, we require a minimum of 24-hours' notice, so we may accommodate another patient.

A \$50.00 charge will be applied for broken and missed appointments without advance notification.

Thank you for your cooperation on this matter.

Critical information about your Dental Insurance

Our practice is happy to help file your insurance to receive benefits for which you are paying premiums, for yourself and your dependents. Dental benefit plans can vary from company to company with different procedures and codes that are not covered. Insurance companies base the amounts that they will pay towards your dental treatment on restricted fee schedules related to premium payments and geographical location. In other words, your insurance plan will pay only what it allows for each service, regardless of what the actual fee might be. Deductible and co-payments are typically built into most plans and their required payment is strictly regulated by state law. Both our practice and you as the policy beneficiary can be prosecuted if deductible and co-payments are not collected. Your employee benefits director can usually help you become familiar with your plan and its restrictions, and our office will assist you in maximizing your benefits.

Our responsibility:

- Complete your insurance claim forms and submit them to your carrier for you within 24 hours of your treatment
- Use current Dental Association coding for correct reporting of procedures
- Accept direct payment from your carrier and estimate out of pocket costs
- If necessary, re-file your insurance a second time within a 60-day period

Your responsibility:

- To pay fees not covered by your plan at the time of treatment
- Keep track of insurance used so as not to go over maximum allowance
- To provide our office with necessary information concerning your insurance coverage to allow the correct filing of your claims
- To understand that your plan is a contract between your insurance carrier and employer
- Our office will do all we can to facilitate claims payment, but we do not have the power to make your plan pay
- To pay any account balance not paid by insurance after 2 billing attempts, within 60 days of service

We thank you for choosing our office and we will do all we can to help you obtain the benefits you deserve. Please sign the form below, we will keep one copy in your chart and upon request give you a copy.

Sign: _____ Date: _____