FOREST DRIVE
DENTAL CARE

3731 Forest Drive
Columbia, SC 29204

Office and Financial Policies

We, the staff of Forest Drive Dental Care, P.A. thank you for choosing us as your dental/health provider. We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest level of care and to building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to that provider-patient relationship and our goal is not only to inform you of the provisional aspects of that financial policy but also to keep the lines of communication open regarding them. If at any time you have any questions or concerns regarding our fees, policies, or responsibilities please feel free to contact our office at (803)782.8786.

We believe this level of communication and cooperation will allow us to continue to provide quality service to all of our valued patients.
Please understand that payment for services is an important part of the provider-patient relationship. If you do not have proof of current insurance coverage or if you participate in a plan that will not honor an assignment of insurance benefits, payment for services will be due at time of service.
We make payment as convenient as possible by accepting cash, money order, all major credit and debit cards and personal checks. A $35.00 service fee will be charged for all returned checks. For your convenience, you may authorize us to keep your credit card on file.

Interest

Interest may incur if a balance remains unpaid after 60 days.

Insurance

Please remember that your insurance policy is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. Despite our best efforts, insurance plans do not always pay the entire estimated amount. Please be aware that payment of the entire service fee is ultimately the responsibility of the patient. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from their insurance carrier. We do expect patients to be interactive and responsible for communicating with their insurance carrier on any open claims.

It is your responsibility to provide all necessary insurance eligibility, identification, authorization and referral information and to notify our office of any information changes when they occur. Even a preauthorization of services does not guarantee payment from your insurance carrier. We also require photo identification when accepting insurance information. It is the patient's responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges.
When insurance is involved, we are contractually obligated to collect copayments, coinsurance, and deductibles, as outlined by your insurance carrier.
Please be aware that out-of-network insurance carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions, or reductions such as reasonable and customary or usual and prevailing reductions. Our fees are well within such ranges and although we will assist in the filing of an appeal if these limitations are imposed, you as the guarantor are responsible for all out-of- network fees. If we are not contracted with your carrier, we will not negotiate reduced fees with your carrier.

Miscellaneous Forms, Additional Information and Authorizations

We will provide all necessary information to have your benefits released. However, if it becomes necessary to submit redundant or unnecessary information for the completion of claim forms for school, sports, or extracurricular activities, there may be an administrative fee, not to exceed $35.00, for the additional information.

Missed Appointments

We require a twenty-four (24) hour minimum notice for all cancellations. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance: a missed appointment fee will apply. These fees equal fifty dollars ($50.00) per hour of scheduled appointment time, but not to exceed one-half of the cost of your scheduled appointment. Repeated missed appointments without notification may cause you to be discharged from the practice so that we can provide care to other patients.

Medical Records Fees

Patients are entitled under federal law to have access to their protected health information and we follow all rules, guidelines, and exceptions to ensure compliance to patient rights. However, providers also have the right to compensation for records and our fees are a reasonable cost-based fee for copies including the copying, supplies, labor, and postage of the files, and or summaries.

Timeliness of Payment

We realize that temporary financial problems may affect timely payment of your account. If this should occur, please contact us for assistance in the management of your account. Our goal is to provide quality care and service. Please let us know immediately if you require any assistance or clarification from anyone within our business.

Timeliness of Appointments

We try to see everyone in a timely manner but if we are taking too long, please let our receptionist know so we can best serve your needs and reschedule you if necessary. In order to stay on schedule and see all of our patients at their appointed times, we ask that you arrive on or before the time you have been scheduled. Patients arriving more than ten (10) minutes past their appointed time may be asked to reschedule and will be subject to the missed appointment fee described above.

Support Animals

An excellent patient experience is something we strive to fulfill. Specially trained emotional support animals may be present at the office, available for you, or in service to another patient. By signing this form, you are hereby acknowledging on your own behalf and on behalf of your child or the person you are acting as guardian for, that these service animals may be present in our office. The animals may at times, if the Dentist and the parent/patient decide that it also appropriate, to sit on the lap of the patient while the services are being rendered or sit quietly nearby the dentist's chair in the room. The dogs are appropriately trained and will be appropriately supervised while they are present at the office. We ask that you not approach the animal unless there is a representative of the dental practice present. We ask that you not feed the animals. Again, we offer this alternative to our patients to enhance the medical and emotional experience for the treatment sought. As such, you are hereby giving your consent, freely and voluntarily to the foregoing after being duly advised of the reasons for the pets and animal presence.

If having a support animal at the facility causes undue stress to you, or the child of whom you are the guardian, please let our office staff know and we will do our best to accommodate your needs and desires.

Acknowledgment

I have read and understand the above policies. I agree to assign insurance benefits to Forest Drive Dental Care, P.A. when applicable. I also agree, in addition to the amount owed, I will be responsible for the fee charged by the collection agency for costs of collections if such action becomes necessary.

Patient Name (please print):_____

Name of Responsible Party (if other then patient):_____

Signature of Patient/Responsible Party:_____

Date:_____