

**OAK HILL FAMILY DENTAL CENTER, P.C.**  
**6012 W. WM. Cannon Dr Bldg A-103 Austin, TX 78749 512-288-3930**

**OFFICE POLICIES**

To prevent misunderstandings in the future, we ask that you read and sign this sheet about our office policies.

**PAYMENTS**

Unless prior arrangements are made, we expect payment at the time services are rendered. We accept cash, check, MasterCard, Visa, Discover, American Express and Debit Cards. All checks received for payment in our office will now be processed electronically.

**DENTAL INSURANCE**

If your insurance covers any of today's professional services, it is necessary that you provide complete insurance information, prior to all appointments. Otherwise, payment is due in full, at the time services are rendered. If we accept an insurance assignment (your insurance company pays us instead of you), we require your deductible and percentage down, if applicable, at the time services are rendered. We try to estimate, as accurate as possible, your co-pay percentage payable for each visit. Every insurance policy has limitations of which we are not always informed. An example of this would be, placing resin (tooth colored) fillings on a posterior (back) teeth and your insurance benefits may only pay according to their alloy (silver) maximum fee allowed. In other words, we are not responsible for any charges not paid by insurance. The payment of the insurance claim must be made in a reasonable amount of time, 30-45 days. This office files insurance claims as a courtesy to our patients and will continue to do so as long as payments are received in a timely manner.

\*Occasionally a person's dental needs exceed what an insurance company allows in a benefit period. We try to keep patients informed of insurance benefits available; however, since this is your insurance, it is ultimately your responsibility to know your benefits. In the event your necessary treatment exceeds maximum benefits available, you are responsible for any charges over the remaining benefits.

**\*\*PLEASE NOTE WE ARE IN NETWORK ONLY WITH AETNA PPO, DELTA PREMIER AND UNITED CONCORDIA FEE FOR SERVICE AND ACTIVE DUTY MILITARY. ANY OTHER CARRIERS WE WOULD BE CONSIDERED OUT OF NETWORK.**

**BROKEN AND ARRIVING LATE TO APPOINTMENTS**

Last minute cancellations and "no shows" are an ongoing problem which is very costly to our office. We understand last minute "emergencies" and unexpected schedule changes may make it necessary for you to change your appointment time or date. Please notify our office immediately when these occasions arise, so that another patient seeking treatment will be given the earliest available opportunity to be seen. Our office policy is that a \$50.00 charge will be added to the account of anyone that has NO SHOW appointments without canceling 24 hours prior to the appointment.

**\*\*IF YOU ARRIVE 15+ MINUTES LATE TO YOUR APPOINTMENT YOU WILL BE RESCHEDULED**

**QUESTIONS**

If any questions arise over your dental treatment or account, please feel free to ask a member of my staff for assistance. Communication is important for us to keep you comfortable and happy with our services. Also, if you have any change in your health history or address in the future, it is important that you notify the office.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES:**

Patient's Signature \_\_\_\_\_