

EASTON SMILES
Dr. Thomas Herlihy, D.M.D
Dr. Robert Tuck, D.M.D.

Office Policies

Patient Name: _____ **Date:** _____

Please read each paragraph and initial on line next to each paragraph, sign (parent signature required for minor children) and date.

Our dental team is pleased you have chosen us to provide your dental needs. We are committed to providing you with the highest quality dental care. Because your dental health is our top priority, we keep abreast of new dental techniques with continuing educational courses. We have invested in some of the latest technology, allowing us to provide you with the most advanced, efficient, and convenient dental care.

___ Whenever possible, it is our office policy to restore posterior teeth with a tooth colored composite filling material instead of an amalgam (silver) filling. We believe the newest composite materials have the ability to bond to the remaining tooth structure for better long-term strength and support of the tooth, making composite fillings superior to amalgam fillings. In order to provide this higher level of care, our fees for posterior composite restorations are higher than our fees for posterior amalgam restorations. Many insurance companies will provide benefits for these restorations, but will only cover at the level they would pay for a silver restoration. The difference in cost is the patient's financial responsibility. Please inform us at the time your appointment is scheduled if you chose not to have your tooth restored with composite filling material.

___ All accounts with a balance over 60 days will receive a finance charge of 1%.

___ As a courtesy, we make every effort to contact you to confirm your scheduled appointments; however, we are not always able to reach everyone. It is the patient's responsibility to remember and keep their appointment. The patient will be charged for failed appointments and for appointments canceled without 24 hour notice. The failed appointment fee will be reflected by the length of the appointment missed (\$25 to \$100).

To our patients with dental insurance benefits:

We understand that your dental benefits are an important part of your family financing. It is important for you to understand that insurance plans vary considerably from one plan to the next. We deal with hundreds of policies, each with their specific way of determining payment of benefits. We can not be expected to know everyone's coverage. It is the patient's responsibility to understand the language of their particular insurance plan. Your insurance company can answer questions regarding your specific policy far better than we can. We will be happy to submit a pre-estimate for proposed dental treatment so that your insurance company can supply a written quote of specific services.

As the number of patients with dental insurance has increased, it has become evident that we need to make the principles of our practice very clear:

- Our fees are based on the overhead involved in this practice, the treatment plan selected, and the time it takes us to provide you with the necessary dental care. We do not believe that it is in either of our best interests for us to compromise our recommended treatment to accommodate a dental plan's maximum benefits. However, we will discuss a treatment to accommodate you, not your insurance company, in the dental care decision-making process.
- The type of treatment you need and receive from the treating doctor is based on his professional judgment, and not on whether or not you are covered by a dental insurance plan.
- As a courtesy to you, our staff will complete and submit your dental claims to your insurance company. Upon receipt of payment from your insurance company, the uninsured balance is your responsibility. The financial obligation to our office for your dental treatment is yours, not your insurance company's.

I grant permission to the office of Dr. Thomas Herlihy and Dr. Robert Tuck to telephone me at home, work or by cell phone to discuss matters related to dental treatment.

Messages may be left on my answering machine.

Message may not be left on my answering machine.

I have read the above conditions of treatment and payment and agree to their content. I authorize the release of information related to the processing of insurance claims. I understand I am responsible for all the cost related to my dental treatment regardless of insurance coverage. I authorize my insurance company to pay directly to the above named dental office.

Print name of patient: _____

Signature of Patient; parent if a minor: _____

Date: _____

In lieu of completing this form for all minor children, please list the names of the children within your household you are responsible for:

Please initial each paragraph on the line indicated, sign (parent signature required for minor children) and date.