



Stacey G. Jacobs, D.D.S.

Financial & Office Policy

If we are NOT filing dental insurance for you, full payment is due at the time the services are rendered. If we ARE filing dental insurance for you, we ask that full payment of your expected portion be made at the time services are rendered, even if you have secondary insurance. We will file any secondary insurance for you; however, you will be reimbursed once the secondary insurance company pays your claim. (Patient's initials)

We accept payment by cash, check, and most credit cards. Payments made by check or debit card to Downtown Dental that are not honored by the bank will incur a returned check fee of \$30.00. Payments made by credit card that are returned will incur a \$25.00 return fee. **WE WILL CALL YOUR BANK IMMEDIATELY TO VERIFY FUNDS FOR ANY CHECKS OVER \$50.00.** If the funds are not available at that time, another form of payment (i.e. credit card, cash) will be required.

Insurance

We can file to any insurance company that will allow you to use the dentist of your choice: however, we may not be providers for your insurance. It is your responsibility to contact your insurance company regarding the provisions of your policy. You will be responsible for the difference in what your insurance covers and our fees.

Insurance is a contract between you and your insurance company. Downtown Dental is NOT a party to this contract, nor can we become involved in disputes between you and your insurer regarding deductibles, covered fees, secondary insurance, etc. Our involvement will be limited to facilitating claim processing for your account. If for any reason, your dental insurance does not render payment, we ask that you contact your insurance company and render payment to our office for the outstanding balance.

Historically, dental insurance has been an additional benefit for employees. It was created to help share the cost of treatment, not pay for it all. Policies have many exclusions and limitations. They often discourage necessary treatment. The insurance companies are often concerned with their costs and not necessarily what is best for you. You need to be aware of your policy exclusions and limits but should not let those factors determine your treatment decision.

Please advise our staff of any changes in your insurance coverage prior to the day of your appointment.

X-Ray E-Mail Policy: Occasionally there is a need to send your x-rays to another dentist or specialist via e-mail. If necessary, patient x-rays will be sent by unencrypted e-mail from this office to the desired location.

Photography & Video Policy: Any services performed in the office of Downtown Dental are not allowed to be captured on personal photography or video equipment, including cell phones. Any violators of this policy will be escorted out of patient rooms.

MISSED APPOINTMENT POLICY (for insurance/self-pay patients): IF YOU DO NOT GIVE 24 HOURS NOTICE FOR A MISSED APPOINTMENT, WE WILL CHARGE A \$25 LATE FEE (PER APPOINTMENT) TO YOUR ACCOUNT. IF YOU INCUR TWO MISSED APPOINTMENTS ON YOUR ACCOUNT, WE RESERVE THE RIGHT TO REFUSE FUTURE SERVICES.

I have read and agree to accept the Financial and Office Policy as set forth by Downtown Dental and if applicable authorize release of any information relating to my dental claims if they are filing dental insurance on my behalf. I acknowledge that I received a copy of Downtown Dental's Notice of Privacy Practices.

Signature:

Responsible Party: <<responsible_party_name>>

Date: <<db_date>>

Patient Name: <<patient_full_name>>

Patient's Date of Birth: <<birth_date>>