



HILLTOP DENTISTS
 Dr. James Ford & Dr. James Fehrman
 12265 N. State Rd
 Otisville, MI 48463

PLEASE READ THE FOLLOWING OFFICE POLICIES AND SIGN AND DATE

I would like to take a few moments to make you aware of some concerns of ours and also your responsibilities on a few topics.

- 1) **Appointment Responsibility:** As a courtesy, we attempt to confirm all next day appointments. Unfortunately, we are not able to contact everyone during office hours. It is strongly felt that keeping an appointment is the “patients” responsibility. Therefore, we ask that each patient give **24-hour notice** when any conflict with an appointment arises. If an appointment is not cancelled within 24-hour notice there will be a charge of **\$60.00** for Saturday appointments, and weekly appointments there will be a **\$40.00** charge.

- 2) **Patient Financial Responsibilities:** The patient (or patient’s guardian, if a minor) is ultimately responsible for the payment for her treatment and care. We are pleased to assist you by billing for our contracted insurers. However, the patient is required to provide us with the most correct and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not correct or updated. Patients are responsible for the payment of co-pays, co-insurance, deductibles, and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of service, and for your convenience, we accept cash, check, and most major credit cards at our office. Patients may incur, and are responsible for the payment of additional charges at the discretion of Dr. Ford & Dr. Fehrman. These charges may include (but are not limited to):
 - Charge for returned checks.
 - Charge for broken/missed appointments without 24 hours advance notice
 - Charge for the copying and distribution of patient medical records.

- 3) **Co-pays and deductibles:** As a courtesy, we try our best to verify all Insurance. However, it is the patient’s responsibility to know what is or is not covered under their dental plan. It is the full responsibility of the adult patient, the parent of an adult patient that is on the parents account, or the parent of the minor patient, to pay their portion of the dental charges, not covered by the insurance company, at the time of services. Most dental insurance’s require co-pay and have deductibles. It is your responsibility as the patient, or parent of the patient to know your insurance policies. The receptionists will assist you to the best of their ability in researching your coverage and costs. However, our office does not set insurance guidelines or co-pays.

Please sign and date the lines below to state that you agree and understand all the contents in this letter.

Name _____ Date _____
Print Name

Name _____ Date _____
Patient’s Signature/Guarantor if Minor

Name Guarantor _____ Date _____