

LEGACY HILL DENTISTRY

Patient Responsibility Policy

- **Payment is due at the time of service.** All payment methods are accepted. We do accept Care Credit if a payment plan is necessary.
- As a courtesy the office will gladly submit your insurance claim on your behalf.
- Any **deductibles and co-insurances** are your responsibility.
- We will estimate your deductible and co-insurance, but once payment from your insurance company is received, any difference will be billed to you and **due within 30 days of receipt.**
- You are responsible for determining if Legacy Hill Dentistry is in network with your SPECIFIC insurance PLAN.
- You are responsible for understanding what services your specific dental plan covers.
- It is impossible to predict 100% of the time what every patient's benefits will cover. We will do our best to give an accurate estimate, but until insurance payment is received it is only an **estimate.**
- We require a **48-hour notice** to be given if you are unable to make your scheduled appointment.
- A \$50 fee will be charged to your account for any cancellation or failed appointment that is not within this time period.
- We will charge \$25 for any returned check due to insufficient funds.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE OFFICE POLICIES.

PATIENT SIGNATURE

DATE