

**Shrewsbury, Claywell, and Oliver
Dentistry Partnership
621 North Third Street
Bardstown, KY 40004**

POLICIES

The team at Shrewsbury, Claywell, and Oliver Dentistry Partnership pledge to deliver you quality, courteous care in a clean and comfortable atmosphere. Our team will offer efficient and experienced services, always listen to you and be respectful of the time you spend with us. We promise that we will provide you with exceptional dental care.

APPOINTMENTS

It is necessary that we work by appointments. Unfortunately, emergencies do occur that occasionally cause delays in our schedule. However, we will try our best to honor your appointment time. Please, in turn, remember that the time we have **reserved** for you is exclusively for you. Any changes in your schedule will affect our schedule as well. We do require **24 hours** notice for any appointment changes.

FINANCIAL

In the interest of better understanding, we believe financial arrangements must be completely understood and agreed upon before treatment has begun. Your treatment will be explained to you and you will be given an **estimate** of the fees.

Your dental treatment fees can be handled in one of the following ways: You may pay cash, check, or credit card. ***We do expect payment for services as they are rendered.*** If you feel you will not be able to pay the balance due by you as each service is rendered, you will need to discuss the advantages of using CareCredit, which will afford you small minimum monthly payments if approved. Please feel free to discuss any of the above payment options with our Financial Coordinator. Insurance deductibles, co-pays, and fees or portions of fees not covered by dental insurance are also due at the time of service and payable in the same fashion as stated above.

DENTAL BENEFITS

Congratulations on having dental insurance. As a convenience for you, our office will submit charges for service to your insurance carrier, **but we consider the patient responsible for the account.** In other words, the services provided by any dentist amounts to an agreement between the patient and this office. The insurance relationship constitutes an agreement between the carrier and the patient.

In order for us to file your insurance, we need to receive a copy of your card that will be placed in your records. **If your insurance company has not paid within 45 days of the date the form was filed, the full amount of the claim will be your responsibility.** If you do not know/have your insurance card with you, you will be expected to pay for services at the time they are rendered. If there is a question about your account, or your insurance, please call. Many times a phone call will prevent any misunderstanding.

I have read and understand the above policies.

Patient Signature (Parents if patient is a minor)

Date