

Benjamin F. Dyer, D.D.S.

Office Policy

Welcome to Dr. Benjamin F. Dyer's office. Our goal is to provide you the best dental care possible. Please read carefully our office policies:

It is our policy to request payment for services at the time they are rendered. If we do not have a contract with your insurance company, we will ask you to pay for your visit and we will give you a receipt so you can file the claim with your insurance. We accept cash, check, Visa, and Mastercard.

If we do have a contract with your insurance company, we will file your claim as a courtesy to you. Please keep in mind however, that you are ultimately responsible for all charges. You will also be responsible for obtaining and keeping current authorizations, determine if a pre-determination of benefits is necessary to receive payment for treatment. Remember if you do not have coverage the total charge will become your responsibility. Please review your insurance booklet for your benefit levels and frequencies.

If you cannot keep your appointment, please call our office within 24 hours to inform us. If you make appointments for our office, but do not show up and do not inform us beforehand, you may be charged a broken appointment fee.

If the patient is a minor, a parent or guardian **MUST** be present for the first visit and any subsequent visit.

Please note that insurance companies only pay for what they consider basic or minimum acceptable treatment. This typically does not include Nitrous, Fluoride for adults, Soft/Hard Tissue Laser, Vizilite oral cancer screening, and cosmetic procedures; you will be responsible for the procedures at the time of service. We will be happy to discuss fees with you at anytime.

If you have an emergency appointment, in an attempt to stay on time, we must focus on the primary problem. An emergency appointment is generally for evaluation only and we cannot guarantee that we will have time to perform any procedure. If you have multiple problems or questions, we must focus on your primary problem and it may be necessary to reschedule you for future appointments.

Thank you for allowing us to participate in your health-care needs.

I have read the above and agree to abide by these office policies.

_____ Patient/Guardian _____ (Date)