

Rick Lindley, D.D.S.
29645 Rancho California Rd., Suite #118
Temecula, CA 92591
951-676-6600

OFFICE POLICY AND FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing Rick Lindley, DDS to provide you with your dental care. We consider it an honor to have been chosen by you. Our philosophy in serving people is to be informative, honest and forthright. Nowhere is that more important than in the area of finances. This financial agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances and our office policies. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask.

PAYMENT POLICY

- We accept cash, personal checks, debit cards, Visa, MasterCard, Discover and American Express.
- Payment in full is DUE and EXPECTED at the time services are rendered.

DENTAL INSURANCE: As long as your account with us has been and continues to be in good standing, as a courtesy to you we will gladly file your claim and accept assignment of dental insurance benefits provided you agree to the following:

- You must provide us with a copy of your insurance card(s) and a valid drivers license/identification card and all the information necessary to verify your dental insurance coverage(s) and file your claim.
- Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you and not your insurance company.
- You are responsible for OUR FEES and not what your insurance company allows or thinks is “usual, customary and reasonable” all of which vary from one insurance company to another and from dental office to dental office.
- Although we may estimate your insurance benefits, we are NOT responsible for their accuracy. Knowledge of benefits as well as eligibility, benefit amounts, limitations, exclusions, waiting periods, etc. is entirely YOUR responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of our estimate.
- All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all services we provide are covered benefits. Benefits differ from one company to another. Fees for non-covered services, along with deductibles and co-payments are due at the time of treatment.
- If your account becomes past due, we will no longer accept assignment of benefits. We will gladly file your claim but payment in full is due at the time your appointment is made.

NO DENTAL INSURANCE: We provide written estimates of fees, and payment is DUE and EXPECTED at each visit at the time services are rendered.

DENTAL RECORDS: Original records including radiographs are the property of this office. If you desire we will provide a copy of your records and/or radiographs for a nominal duplication fee.

BROKEN OR MISSED APPOINTMENTS: Appointments not kept or changed with less than 48 hours notice are considered broken. Broken appointments will be rescheduled to the next available appointment. Broken appointments prevent others from receiving the dental care they deserve. We take them seriously so please be considerate and inform us in advance if you need to change your appointment.

FEE FOR MISSED APPOINTMENT IF 48 HOUR NOTICE IS NOT GIVEN: To reschedule or cancel an appointment, you MUST notify us at least 48 hours in advance to avoid a missed appointment fee of \$75 per hour reserved for you. We reserve the right to terminate professional treatment of any patient when scheduled appointments are not kept.

CONSENT AND AUTHORIZATION: I authorize dental treatment for myself and/or minor child/dependent/spouse and agree to pay all related professional fees. I authorize my insurance benefits to be paid directly to Rick Lindley, D.D.S. as long as my account with Rick Lindley, D.D.S. has in the past and continues to be in good standing. Fees not covered or paid by my dental insurance will be promptly paid by me upon notification from this office. I have read and understand this document in its entirety, outlining the financial and office policies of Rick Lindley, D.D.S. Without any reservations, I agree to abide to the policies outlined herein.

Print Name and Signature Date

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