

ACKNOWLEDGEMENT OF POLICIES AT SOLDOTNA DENTAL CLINIC, LLC

Address: 155 Smith Way, Suite 102 Soldotna, AK 99669 | Phone: (907) 262-4989 | FAX: 907-206-7892

Please initial each acknowledgment even if it is not applicable to you currently.

SERVICES PROVIDED:

Payment for all services rendered is required day of service unless previously arranged. I understand that even if I have a dental benefit plan most plans do not cover the full cost of services and I am responsible for any amount not covered by my benefit plan. I understand that dental benefit plans may not cover certain services that the Dentist may deem necessary and I am fully responsible for payment of services; if I have any questions regarding coverage of my dental benefit plan, I should contact my benefit plan carrier prior to services.

COPAYS:

All Co-payments must be paid day of service and cannot be waived.

DEDUCTIBLES

If it is determined that I have not met my Dental benefit plan deductible I understand that I am responsible for payment.

UNPAID BALANCE

I understand that it may take several days or weeks for dental benefit plan companies to render payment decisions and as such I may receive a bill for remaining balances. Payment is due 30 days from the date on the bill.

AGREEMENT TO PAY:

I have been notified of the above policies and agree that I am fully responsible for payment of services if my dental benefit plan does not cover or denies payment for services. All Disputes of payment with the dental benefit plan company is my responsibility.

As a service to you Soldotna Dental Clinic LLC will file insurance claims and estimate your portion of payment required but Soldotna Dental Clinic LLC will not contest claims with your benefit plan carrier. You are responsible for handling any disagreements with your benefit plan carrier.
Cancellation and No-Show Policy

Effective 01/1/2021 it is the practice of Soldotna Dental Clinic, LLC to add a service charge of \$100.00 to patients who cancel 3 or more appointments with less than 24-hour notice. Payment is due 30 days from the receipt of bill.

Effective 01/1/2021 it is the practice of Soldotna Dental Clinic, LLC to add a service charge of \$100.00 to patients who no-show their appointment. This means a patient does not show up or call. Payment is due 30 days from the receipt of bill.

*I authorize release of information regarding my treatment and services to my dental benefit plan carrier. I hereby authorize payment by my benefit plan carrier otherwise payable to me to be paid directly to Soldotna Dental Clinic, LLC. I acknowledge that I received or was offered a copy of Soldotna Dental Clinic Notice of Privacy Practices.

I hereby acknowledge that I received and understand the above policy. I understand that I am personally responsible for payment of charges regarding these policies.

NAME:	SIGNATURE	DATE