

## ROLIN HILLS DENTAL CARE INC., P.C.

### Dear-New Patient,

Welcome to our family of fine patients. We appreciate you selecting our office for your dental care. New patients are welcome into the practice so if you have family, friends, or co-workers, we will appreciate your referral. As a token of our appreciation, we will give you a \$10.00 credit\* for anyone you refer and a \$25.00 credit\* for any family you refer to our office.

There are a few office policies that we would like to share with you at this time. We ask that if you are unable to keep your scheduled appointment with us that you give us a 48 hour notice\*\*, so that we can have ample time to fill your time slot. Unlike most offices, we do not overbook patients so your appointment time is reserved just for you. This keeps your wait time down.

We request that all initial visits are paid for by cash or credit card. As a courtesy to our patients we file insurance if given time to verify your benefits. After the initial visit the portion of the charges that we estimate the insurance will not cover will be collected the day of service. Remember, this is our best estimate and for any of the patients that know more about their insurance coverage than we do we welcome them to pay for the service in full and collect from their insurance companies individually. However, the moment the insurance company denies payment (or starts giving us the run-around) or does not pay within 30 days we request that payment be made in full immediately. We encourage patients to know the benefits coordinator at their place of employment to insure their benefits are being handled appropriately. Remember, sometimes it takes the employee benefits coordinator or employer to keep the insurance companies in check, since they know they have no direct responsibility to the dental office. It is also the patient's responsibility to keep us updated on any insurance changes. Payment in full will be requested at the time we learn that we no longer have current insurance information. Any reimbursement to us will result in a refund check mailed to you from our accounting department. \*\*\* Other than this exception, payment in full is expected at the time services are rendered. Any attempt to collect on a bad account will be at the expense of the patient for RHDC's collection efforts, court costs, and attorney fees. Outstanding balances will accrue interest at 1 1/2% per month.

Thank you again for selecting our office.

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Signature of Responsible Party

Date

\*Credit given must be used toward treatment, no monies will be transferred.

\*\*Unfortunately, as a reminder a missed appointment fee relative to the amount of time that was scheduled will be incurred if proper notice is not given. If a patient does not make their appointment all the office overhead continues to accrue including staff salaries. This loss in production causes everyone's dental cost to rise. RHDC makes a concerted effort to hold the cost of dental health down and will appreciate everyone's assistance in this matter.

\*\*\*Please allow 2 to 4 weeks for delivery of your refund.