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OUR OFFICE POLICY: Our office policy is based on an open and honest discussion of our fees before treatment. Our “no surprise policy” means that you should know what the fee is before commencing treatment and what amount is expected.

PAYMENT IS DUE AT THE TIME OF SERVICE: We offer several payment options. We accept cash, checks, Visa, MasterCard or Discover. We also accept Care Credit. For patients with insurance policies, we do collect your estimated co-pay and your deductible at the time of service.

USUAL AND CUSTOMARY RATES: We are committed to providing excellent dental treatment for all our patients. Our fees reflect our commitment to the quality our patients deserve and are considered usual and customary for our area, REGARDLESS OF INSURANCE COMPANY’S DETERMINATION.

INSURANCE: We will be happy to bill your insurance company as a courtesy to you, upon providing us with all your insurance information. Remember, your insurance policy is a contract between you, your insurance carrier, and your employer. We are not party to that agreement. Insurance policies vary and some services provided may not be covered. Our office is committed to helping our patients maximize their benefits; however, **it is the insured responsibility to know their plan, yearly maximum allowance and what remains during each contractual year.** We are not responsible for any patient’s portion if treatment exceeds the insurance allowance.

MINORS: Payment for the treatment of minors can be made by any acceptable means of payment and are the responsibility of the adult accompanying the minor. Payment will be expected at the time of service, unless prior arrangements have been made.

MISSED APPOINTMENTS: When you have an appointment, in anticipation we prepare the operator for that procedure. We go to great lengths to adequately prepare the operator to meet OSHA standards prior to your arrival. As a part of our commitment to service, your appointment time is exclusively for you. If you miss your appointment, arrive too late to be seen, or cancel your appointment without giving 48 hours’ notice, this time cannot be offered to another patient in need of treatment. Please be advised we charge for a missed appointment at the rate of \$60.00 for each scheduled hour. The insurance company will not cover fees for missed appointments. This will be the patient’s responsibility.

LATE CHARGES: Our policy is to charge a late fee which is applied to all accounts over 30 days past due. Any account over 30 days will accrue a 5% monthly late fee, any account over 60 days will accrue a 10% monthly late fee. There is also a \$35.00 charge for any returned checks.

FINANCIAL CONSENT: I (the patient or guardian) have read, understand and agree to the above office policies and agree to be fully responsible for the total payment of treatment performed in this office regardless of my insurance.

Signature of patient or parent/guardian

Date