DR. ERIC HOGAN • DR. ROBIN HOGAN

HOGAN FAMILY Dental

Welcome to Hogan Family Dental!

Our primary goal and responsibility is to assist you, our patient(s), in achieving excellent dental health. We wish to direct our time and energy toward obtaining that goal. Therefore, we have prepared this document to assist with communicating openly with all our patients concerning payments, dental benefits & insurance, and cancellations.

PAYMENT EXPECTATIONS

Payment is expected in full at the time services are rendered. We accept cash, personal checks, all major credit cards, debit cards, HSA and Flex payments, Wells Fargo Health Advantage and CareCredit. If your account becomes 60 days past due, a finance charge of 1.67% per month will be added to unpaid balances. If your account is sent to an outside agency for collection or court, you are responsible for collection expenses, court fees, mailing expenses and reasonable attorney's fees.

We now offer a 5% Discount for payment in full by Cash or Check on the date of service. This discount is not applicable for treatment that utilizes dental benefits or insurance.

APPOINTMENT EXPECTATIONS

Appointment times will be reserved for you. We expect notification at your first opportunity if you will be unable to attend your reserved appointment time; a minimum of 48hrs is preferred. Any appointments with less than 24hrs of advanced notice will be considered failed appointments. A second failed appointment may incur a $50 fee. Regretfully, a third failed appointment will result in dismissal from the practice in fairness to all our patients. We acknowledge unforeseen events happen and make allowances accordingly.

Your time is valuable to us. Scheduling appointments in advance is one of the best ways to ensure that our office can make the most of the time available to you.

DENTAL BENEFITS / INSURANCE

Patients with dental benefits are expected to provide accurate and complete benefit information so we may assist you in filing your dental claims promptly. You will be expected to pay patient portions the day of treatment which will be estimated with the information you provide. **Remember that professional services are rendered and charged to the patient and not to the insurance company.**

Even though you may have insurance claims pending, you will receive a statement each month for the outstanding balance on your account. We cannot accept responsibility for collecting insurance claims or for negotiating a disputed claim. Reimbursement from a benefit provider is a contract between you and your carrier. You are responsible for payment of your account within the usual limits of our credit policy. If your insurance does not pay within 90 days, we shall expect payment in full from you.

If you have any questions or need assistance we are happy to help you. We will do all we can to provide correct information and supporting documents on your behalf to your benefit provider. Your eventual reimbursement will be determined using the policy language by your insurance carrier.

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Signature of Patient / Guardian Date

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