



Patient Agreement Form

- I understand that I am responsible for notifying Holehouse Dental of any changes in personal information as soon as it becomes available to me. We also require a 48 hour notice to verify new dental insurance.
- I understand that I am responsible for the payment of all co-payment, co-insurance and deductible amounts at the time of service unless other payment arrangements have been made in advance.
- I understand that I will be charged and I agree to pay a \$25.00 non-refundable cancellation fee for any appointment cancelled without a 24-business hour notice. I understand that I will be charged and I agree to pay a \$50.00 non-refundable no show fee for any appointment missed without a 24-business hour notice.
- I understand that if a cancellation or no show fee is applied, I must pay the fee PRIOR to rescheduling the dental appointment. <We will NOT refuse any patient in the event of a true dental emergency>
- I understand that three or more missed appointments will result in both the no show fees and possible dismissal from the practice.
- I understand and agree to pay a \$45.00 returned check fee for any check denied for payment by my bank. I further understand that I will lose check-writing privileges at Holehouse Dental once a check is denied for payment.
- As a courtesy, our staff will attempt to verify insurance plan benefits prior to treatment, however, there may be certain plan limitations such as waiting periods, frequency limitations, age limitations or non-covered services. In the event that the dental insurance does not make complete payment for services rendered, each patient is ultimately responsible for the remaining balance within 30 days from billing date. Please be aware that insurance companies do not always provide us with complete and thorough breakdowns.
- I understand that children under the age of 18 must be accompanied by a parent or legal guardian for initial exam with x-rays and major procedures. For preventative and basic procedures, a consent form must be signed prior to treatment and include a credit card authorization charge for the estimated treatment cost (or you have the option to pay PRIOR to the appointment).

I have read and understand the above contract and agree to abide by the policies outlined above.

Signature: _____

Date: _____



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UNDERSTANDING YOUR INSURANCE AND YOUR BILL STATEMENT

Having dental insurance can make obtaining quality dental care more affordable.

At Holehouse Center for Complete Dentistry our treatment recommendations will always be based on the options for your specific condition. We will submit claims to your insurance company as a courtesy and advocate on your behalf, but ultimately expenses that your insurance does not cover will be your responsibility.

Facts About Dental Insurance You Should Know

- Many dental plans are based on a contract between an employer and the insurance company. They agree on the amount that the plan pays and what procedures are covered. If you have a dental care need that is not covered by your plan, you are responsible for that cost. Because your dentist is not part of that contract with the insurance company, any information we have about a dental plan's benefits comes from the general information the insurance company has provided about that plan (through a web portal, speaking to an insurance representative, or by way of a limited, faxed benefit summary).
- A dental plan may not cover treatment for conditions that existed before you enrolled in that specific plan (such as treatment in progress). Even if your plan does not pay for certain procedures, you may still need that treatment to keep your mouth healthy. Your dentist will base your treatment plan on what you need, which won't always align to what your insurance will pay for.
- Dental insurance rarely covers 100% of the services provided. Check your plan(s) for details regarding your benefit.
- When we recommend a treatment plan, our team will be happy to provide you with an estimate of what your insurance will likely pay for the procedures. Although we cannot guarantee the amount of insurance payment, we will always submit to your insurance company. We will estimate your portion based on the general information that your insurance company provides for that plan. Just like with your medical coverage, you are ultimately responsible for any uncovered portion of the fee for treatment.

At Holehouse Center for Complete Dentistry, our main goal is to partner with you to achieve a higher standard of oral health. We certainly understand that the insurance business is very complex and this complexity can lead to frustration. Our team wants to help you receive the maximum benefit that you are entitled to under your insurance plan by filing claims as a service to you. We would be happy to submit a pre-treatment estimate to your dental insurance provider.

If you have any questions please contact us @ 407-654-1296

Your insurance policy is a contract between you and your insurance company. If our office is able to accept your insurance company's assignment, it does not absolve the patient of responsibility for the charges in full for treatment rendered. Any estimate provided by our office is considered a guideline until the final insurance payment, if any, is received and that patient's account has been reconciled. Our office can make no guarantee of the insurance payment as estimated. The agreed upon payment plan for the patient's estimated portion must be kept current or the assignment will be cancelled and the full amount will become due and payable. Claims are submitted promptly after treatment is rendered. If a claim is not paid by the patient's insurance company by the 31st day after treatment is rendered, the total outstanding account balance will be billed to the patient. Our administrative staff prides itself on helping our patients maximize their benefits. We are always available to answer any question you may have regarding our services. We strive to give each of our patients the optimum treatment plan and level of care available; therefore, we base your dental treatment on what is best for your health and do not let insurance coverage dictate your dental care. Any treatment which is not covered (in part or in full) by your insurance plan will be your financial responsibility. We will be glad to help you set up financial arrangements for any outstanding balance on your account. If you have any questions about our financial options please contact us.

INITIAL _____