

CARTER AND HOFF DENTISTRY

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OFFICE POLICIES

APPOINTMENTS: Patients are seen by appointment only. We do not double book our doctors so that patients receive quality care and do not experience long wait times. We save time just for you! We do see patients with emergencies. Therefore, on occasion you may experience a wait if a dental emergency takes precedence. We apologize in advance but hope you understand.

We try to call patients 2 days prior to your scheduled appointment as a courtesy reminder. We do ask patients to confirm the appointment at least 24 hours in advance. If confirmation is not received, the appointment may be double booked or given to a patient in need. When an appointment is cancelled or rescheduled with less than 24 hours notice or not kept, this will be considered a broken appointment. Because we strive for quality care in a timely manner, we cannot allow excessive broken appointments. Please strive to confirm and keep your scheduled appointments.

INSURANCE: Understanding your insurance coverage can be challenging, but our goal is to assist you in maximizing your benefits. Each patient's plan benefits vary. We urge all patients to become familiar with your own insurance benefits prior to accepting dental treatment. The contract is between you and your insurance company and does not include us; therefore, you are ultimately responsible for obtaining insurance payment. We file as a courtesy to our patients. We are in-network providers for MetLife and Delta Dental. We will also file all other insurance companies on your behalf. We follow the American Dental Association guidelines for coding procedures and filing insurance.

We do collect the patient portion of fees for services rendered at the appointment when treatment is provided. If we do not receive insurance payment within 45 days, we expect that patient to remit payment to us, due immediately. It is the patient's responsibility to provide us with accurate and current insurance information. We help to estimate your insurance benefits for treatment, but please understand that this is simply an estimate. The patient is responsible for all fees not covered, denied, or not paid for any reason by your insurance company.

FINANCIAL: We provide dental service to patients in good faith. The patient is responsible for all fees, regardless of insurance. Payment is due at the time of service. We accept cash, checks, money orders, Visa, MasterCard, American Express, Discover, and CareCredit. CareCredit offers monthly payment plans for financing dental treatment received in our office. Please let us know if you are interested in using CareCredit, and we can help you apply for this service. Returned checks are subject to collection fees.

All accounts with balances over 90 days past due accrue interest at a rate of 1.5% monthly or 18% annually. Any account with a balance over 120 days past due may be turned over to a collection agency, small claims court, or a collection attorney at an additional cost to the account holder. It is the patient's responsibility to provide our office with updated contact information. Accounts without a current method of contact are also subject to the above stated collection processes.

I, _____, authorize Carter and Hoff Dentistry to release my insurance company information acquired in the course of my dental care. I also authorize benefits to be paid directly to Carter and Hoff Dentistry. I understand that I am ultimately responsible for any unpaid balances.

I understand and am willing to abide by all above stated office policies.

Patient/Responsible Party Signature

Printed Name

Date