

# OFFICE POLICY FOR JOHNSON DENTAL

## \*\*\*\* Regarding Your Insurance & Insurance Changes \*\*\*\*

We will file your insurance for services where eligibility has been verified as a *courtesy*. **Insurance verification does not guarantee your insurance will pay for services.** Payments of Co-insurance, deductibles, or fees for non-covered services are *due at the time services are rendered*. You are responsible for all services rendered regardless of dental insurance. **We REQUIRE at least 48 hours' notice for insurance changes or updates & need the updates PRIOR to appointments.** Let our office know As Soon As Possible of Any & All Insurance changes. **I Authorize & Direct payment of dental benefits otherwise payable to me, directly to Dr. Kerry Johnson/Johnson Dental.** I have been informed of treatment & associated fees. I agree to be responsible for all charges for dental services & materials not payable by my dental benefit plan. I consent to your use & disclosure of my protected health information to carry out payment activities in connection with all dental claims.

## Regarding Appointments

We understand that your time is important and we ask that you respect the time of the other patients and doctors. Our office needs **AT LEAST "24 - 48" hours' notice to cancel or reschedule appointments.**

## Pre-Medication

It is your responsibility to provide the name and number of your pharmacy and allergies on your medical history sheet. Pre-medication is necessary if you have been diagnosed with certain heart conditions, also if you have artificial joints (knees, hips, pins) and have been directed to do so by your doctor. **If pre-med is not taken as directed prior to appointment, we will be unable to provide service at that time.**

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Signature

Date