



Patrice Espinosa D.D.S.

Pediatric Dental Specialist

MISSED APPOINTMENT POLICY

We love being a small office, catering to one family at a time! In order to maintain our practice and provide appointment times to other families in the community, we require **2 FULL BUSINESS DAYS NOTICE** for any schedule changes that you may need in the future.

For **each patient** in the family that doesn't show to or reschedules an appointment without 48 hours notice, there will a \$50 missed appointment fee applied.

We make every effort to value your time and we schedule your appointment time just for you.

We truly appreciate your courtesy of giving us 48 hours notice if you have a conflict with your appointment and need to schedule a different day or time. We are committed to your oral health. Keeping your scheduled appointments allows us to be partners in your child's dental care.

It is our philosophy to continue to put our patients first and to make your child's experience a positive one. Thank you for allowing us to share our missed appointment policy with you. Please let us know if you have any questions.

I, _____, have received a copy of this office's **Notice of Missed Appointment Policy**.

Signature:

Date:



Credit Card on File Billing Authorization Form

Dr. Patrice Espinosa DDS PC is offering a secure and convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed to and processed by your insurance carrier, and the insurance portion of the claim has posted to your account, or in the event that valid insurance information was not provided at the time of service.

RESPONSIBLE PARTY: The person accompanying the patient to their visit is considered the responsible party and is fully responsible for the entire balance due for all services provided.

BALANCES: Unless previously arranged, full payment is expected at the time that services are rendered. All balances past due 30 days will be charged to the credit card on file (Once you are advised via e-mail). Balances that become past due 90 days are subject to all legal and collection expenses.

I have reviewed and agree to the financial policy outlines above I Agree I Do Not Agree

I, _____, authorize Dr. Patrice Espinosa DDS PC to capture my credit card information and securely store my credit card on file.

I authorize Dr. Patrice Espinosa DDS PC to charge my credit card on file for any balance owing at the time of service and/or after your dental insurance claim has been submitted and processed if applicable.

I agree Dr. Patrice Espinosa DDS PC may charge my credit card on file for the balance due when they receive a copy of the EOB. This authorization relates to all balances not covered by my insurance company for services provided by Dr. Patrice Espinosa DDS PC. This could be amounts resulting from balances related to copayment, deductible, co-insurance, non-covered services, or denials for no coverage/eligibility but is not limited to these scenarios.

I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Dr. Patrice Espinosa DDS PC. Written notice must be submitted to Dr. Patrice Espinosa, at 1223 Grant Ave Suite A, Novato CA 94945.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Patient Name(s): _____

Card Holder's Name (as shown on card): _____

Visa Master Card

Credit Card Number: _____

Expiration date (mm/yy): _____/_____

Cardholder Signature: _____ Date: _____

Credit Card on File Billing Authorization FAQ

Q: Is my credit card information safe?

A: Yes. We do not keep any physical copies of your information. Any sensitive data is kept within our secure, HIPAA-compliant patient information software and will never be used or distributed outside of our office.

Q: How does the automatic billing process work?

A: Your credit card will be captured today and stored securely. After your insurance carrier responds and provides us your remaining balance due we will send you an itemized statement to you via email. You will have **30** days after the original statement is sent to make a payment, provide an alternate payment method, or discuss payment options with Dr. Espinosa. Your credit card on file will only be charged when you have a balance owing on your account or for a non-covered service that has been outstanding in an excess of more than 30 days past the original statement date.

Q: How will I know how much you are going to charge me?

A: Once the insurance claim has been processed and the payment has been applied to your account, we will email you an itemized statement that will breakdown your outstanding balance and what will be your responsibility to pay as the responsible party. You will also receive an explanation of benefit from your insurance carrier that explains exactly, according to your health insurance coverage and benefits, how much of your healthcare bill is your responsibility and how much the insurance paid along with any contractual adjustments.

Q: What if I need to dispute my bill?

A: We will always work with you to resolve any issues and will refund you if we have made a billing error. We will only charge the amount that we are instructed by your insurance carrier to collect from you in the same way that we normally determine how much to send you a statement for in the mail. If you disagree with how your insurance carrier processed the claim you will need to contact their customer service department directly.

Q: Will I receive a statement or receipt for the charges automatically billed to my card?

A: Yes, we will send you an itemized account statement and payment receipt anytime we make a charge to your credit card. Your insurance carrier EOB and your credit card statement will also serve as your receipt.

Q: What is a deductible?

A: An annual deductible is the dollar amount you must pay out of your own pocketing during your plan year for dental expenses before your insurance begins to pay. For example, if the policy has a \$50 deductible, you must pay the first \$50 of dental expenses before your insurance will begin to pay. Your insurance company must receive a claim to process in order to apply balances towards your deductible. Typically, an annual deductible may be applied to non-routine treatments or operations, but may also apply to other treatments depending on your insurance policy.