

## Value Agreement

**Appointments:** We work hard to ensure that every patient is seen at their appointed time. In consideration to all our patients, those who arrive 10 minutes late will be asked to reschedule to another day and time. If our office is running late due to an unforeseen emergency, you will have the option to wait or reschedule your appointment. It is your responsibility to show up for your scheduled appointment. ***Failure to show for a scheduled appointment or failure to give 24 hours notice of cancellation may result in a \$75 broken appointment fee.*** Your time is valuable, that is why we strive to provide the best care for your oral hygiene thus keeping your scheduled appointment is important to us.

**Payment/Insurance:** We expect all patients to pay at the time of service. We will gladly submit your insurance claims and assist you in receiving the maximum benefit from your plan. All plans, however, have limitations and do not cover 100% of all our fees. Your contract with your insurance company requires you pay all applicable co-pays and deductibles. These fees must be paid to Osky Dental at the time of service.

It is your responsibility to know the requirements of your insurance company. This includes but is not limited to: deductibles, co-pays, limitations, maximum benefits, waiting periods, pre-existing conditions and prior approvals. Insurance contracts vary from company to company, patient to patient, so we may be unable to communicate all the details of your dental plan with you. You may speak directly with your insurance company or your employer for this information.

Your insurance plan is based on a contract between your employer and a benefit group. It is not based on your individual dental needs. ***You are responsible for all charges your insurance does not cover.***

### **We DO NOT participate in Title 19 or the Dental Wellnes Program.**

There are a number of payment options.

- |                      |          |                       |
|----------------------|----------|-----------------------|
| -- Cash              | -- Check | -- Money Order        |
| -- Debit/Credit Card |          | -- Outside Financing* |

\*Ask about Care Credit and Springstone Patient Financing.

Returned checks are subject to a \$30.00 service fee plus expenses.

**Divorce:** In the case of divorce or separation, the parent authorizing treatment for a minor will be the person responsible for all subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. **WE WILL NOT** collect from them.

We appreciate the opportunity to serve your dental needs. You and your smile are very important to us!

*The Osky Dental Team*

I have read and understand the above. I will adhere to the agreement and accept full responsibility for any charge or fee incurred in this office. My signature is on file as part of my electronic chart.