

**Office Policies for Chip E. Webb, DDS**

1. **Insurance:** If you have insurance, whether you are the subscriber or a dependant, you agree to pay your percentage due at the time of your procedure. We are not responsible for any fees that insurance does not cover. We file your insurance as a courtesy to you and you are responsible for any and all charges on your account. All Delta Dental Insurance carriers, see #7 below for a more detailed explanation of your benefits in our office. Please see your insurance information booklet for further explanation of contract limitations and specific information regarding your plan.

2. **Responsible Party:** If you are bringing in a child under the age of 18, you must provide us with accurate phone numbers and addresses for yourself **and** any parent not living with this child who may be responsible for the account. If the child has insurance coverage through a parent whom you are not married to or who does not have custody of the child, we need complete information for both parents. **No exceptions.**

3. **Account Payment:** If your account is past due for over ninety days, we reserve the right to retain a collection agency or attorney to pursue the outstanding balance. In addition, an interest rate of 2.5% per month will be assessed for all accounts which are ninety days overdue. If your account is handled by a collection agency or attorney, you will be responsible for all courts costs, discretionary costs, expenses and attorney's fees associated with the collection of the past due amount.

4. **Returned Check Fee:** If a check is returned for any reason, a \$20 Returned Check Fee will be added to your account.

5. **Cancellation Policy:** If you or a family member on your account do not show for a scheduled appointment or cancel within 24 hours of your appointment time, you will be subject to a charge of \$25 per hour you were scheduled for. For example, if you were scheduled for two hours, your account would be charged \$50. If you or a family member on your account has missed a combined total of three appointments in this manner, we reserve the right to dismiss you and/or your family as a patient(s). Please understand that we will do everything we can to fill the open appointment, therefore not charging the fee, but this cannot always happen.

6. **Insurance Contacts:** Please understand that, as a courtesy to you, we will do whatever we can to receive insurance payments on your account. However, we will only contact your insurance a total of three times to check on the status and request prompt payment. Fourteen days after the third contact, your insurance claim will be closed and the balance and any further contact with insurance will be your responsibility.

7. **Delta Dental Premier Patients:** If you are a Delta Dental Premier carrier, you are still responsible for any amount not paid due to contract limitations, deductibles and maximum benefits. Any charge over the Delta Dental Premier "allowed" charge will NOT be your responsibility. If the estimated portion of your insurance is not paid 100% for any other reason, you are responsible for that amount. This is different than Delta Dental Preferred. We are only providers for Delta Dental Premier. Please ask us for more information.

**I acknowledge that I have read and understand Chip E. Webb, DDS's Office Policies, and I agree to be bound by these Policies.**

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Signature of Responsible Party

Date

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Print Name of Responsible Party

Print Name of Patient, If Different