

Orion Oaks Dental
400 W. Clarkston Rd.
Lake Orion, MI 48362
(248) 693-4422

Patient Responsibility

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay abreast of these changes, it is not always possible.

We urge you, as the patient to please check with your insurance company to determine whether the treatment you seek is a covered benefit or not. It is your responsibility to find out from your insurance company what benefits are covered on your particular policy. Failing to comply with this suggestion could result in you, the patient, being responsible for all costs incurred.

Please remember your insurance policy is between you and your insurance company and not with the insurance company and your dentist.

1. Payment in full is required at the time of service for all office visits, except those that are covered by insurance companies that we have signed a participation agreement with.
2. Special payment arrangements are considered on an individual basis. Please contact the office manager prior to your appointment.
3. All unpaid claims will be turned over to our collection agency and then reported on credit reports. In this event, there will be a charge for collection agency fees.
4. A 24-hour notice is required to cancel an appointment without a charge to the patient. Failure to do so will result in a charge to the patient's account at a rate of \$30 per visit and/or \$50 for an after 4 p.m. appointment.

I have read and understand the financial policy of this office.

Signature: _____

Instructions for New Patient Appointments

1. Please arrive 15 minutes prior to your appointment time. This allows our staff the time to properly check your paperwork.
2. Bring your current insurance card(s).
3. **Effective May 1, 2009**, it is federal law that you present a **photo identification card** at the start of your appointment. This is in keeping with the federal law on the "*Red Flag Rule Compliance and Identity Theft Prevention Policy*." A current driver's license or other state issued photo ID, a US passport or US military ID is accepted.
4. **NOTE:** If your photo ID card does not have your correct address, you **MUST** bring a current utility bill which does have your correct address on it for identification purposes.
5. Please bring a list of all medications/vitamins that you are currently taking. If you are taking insulin, please provide the name(s) and dose of your insulin.

Date: _____