

# Cumberland Trails Family Dental

## Dental Benefits and Explanation

### The patient is responsible for:

- Understanding their insurance coverage.
- Informing the office of any changes in their insurance coverage.
- Cumberland Trails Family Dental will submit dental claims to your insurance carrier. We also accept benefit assignments, meaning we will **estimate** the expected benefit payment and allow you to pay your **estimated** portion at the time services are provided.
- Cumberland Trails Family Dental requires a \$50 deposit to schedule treatment. This deposit allows us to know patients will be coming to appointments as scheduled so we can confidently reserve time for you. The \$50 deposit applies to your final fee if you arrive for your appointment. The remaining patient portion is due the day services are rendered.
- Cumberland Trails Family Dental is exuberantly committed to providing accurate estimates of insurance benefits. However, **patients are fully responsible for any balance due after insurance has paid their portion. We take no responsibility for any denials by patient dental plans.**

Any services we provide cannot be billed to Medicaid or DHMO dental insurance plans.

### Payment Options

Payment for the patient's portion is due in full on the date of service. Payment may be made by cash, check, Visa, Mastercard, Discover, American Express, or an outside dental financier.

### Cancellation and Rescheduling Policy

Cumberland Trails Family Dental strives to provide quality dental care in a timely manner. When we schedule an appointment for you, we reserve time for you. Because of this, we require 24 hours notice to cancel or reschedule an appointment. Last-minute cancellations and rescheduling results in open time that we cannot utilize to serve another patient. **If appointments are cancelled or rescheduled in less than 24 hours, a \$50 fee will be accessed.** Any plans presented for treatment are valid for 90 days on the date of presentation. Prepayment may be required if you cancel 2 or more times without a proper 24-hour notice.

### Our Commitment to You

**If, within 3 years**, our crowns porcelain veneers, or onlay(s)/inlay(s) break or fracture – and the tooth or teeth are still viable, and you fulfill your commitment (written below) – we will replace any crowns, porcelain veneers, or onlays/inlays with the same type of material at no charge.

### Your Commitment

- In order for full-fee replacement to be honored, you need to visit our office a minimum of 2 times per calendar year for professional cleanings, the evaluation of restorations, and oral cancer screenings.
- If recommended periodontal disease (gum disease) treatments are necessary, 3 to 4 periodontal maintenance cleanings per calendar year will be needed.
- Patients with certain systemic diseases or complications, taking chemotherapy or radiation therapy, or medications causing dry mouth may also invalidate warranty.

### Please read the following authorization and sign for our files

*I hereby authorize the release of any dental information necessary to process insurance claims or be referred to dental or medical offices. I authorize payment of benefits to the dentist described herein for services rendered. I have also read the above sections and agree to the terms therein.*

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Name (Printed)

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Signature

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Date