

Financial and Scheduling Policies

Welcome to the Dental Office of Dr. Karen Torres!

Thank you for selecting Karen Torres DDS PA as your dental health care provider. Our goal is to provide you and your family with optimal dental care. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial and scheduling policies.

Financial Agreement

Patients are expected to pay for our services at the time of the appointment. Our patients who have dental insurance are expected to pay the amount of their estimated copay and deductible at the time of check-in. Payments may be made using cash, check, VISA, MASTERCARD, DISCOVER, or AMEX. We also offer CareCredit.

After dental insurance has paid its portion a statement is sent to the mailing address on record for the remaining balance. Payment is expected within 30 days of the statement date to avoid finance charges. A monthly charge of 1.5% will be assessed for overdue accounts. If payment is not received within 90 days, the account will be turned over to a collections agency.

Insurance Information

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. In order to do this we need your insurance card and/or insurance policy. We may also need the policyholder's Social Security number to verify coverage and /or submit claims.

If your insurance has not paid within 90 days of services rendered, you will need to make full payment to the office and seek reimbursement directly from your insurance company. The insured has a better ability to deal with the insurance company and the employer responsible for the policy.

Minors

A parent or guardian must accompany any minor to his or her dental appointment. The parent or guardian accompanying the minor is responsible for any payment due at the time of the appointment.

Scheduling

To give you the best care possible and to maintain your safety and the safety of our staff, we only allow one person in the treatment room at a time.

To accommodate all of our patients, we rely on the confirmation of your appointment. You can confirm via email, text, or by calling us directly. If we do not receive a confirmation acknowledgement at least 12 hours prior to your appointment time, we reserve the right to move your appointment without notice.

Appointment Changes and Cancellations: Appointments that are cancelled without at least a 48-hour notice will be subject to a \$50 fee.

Failure to Show: Appointments for which a patient does not show will be subject to a \$75 fee.

Appointment Deposits: A deposit of 25% to 50% of your out-of-pocket expense is required, determined by the cost of treatment and appointment length, for extensive and/or major treatment.

Electronic Device Policy

It is our office policy that electronic devices (cell phones, tablets, laptops, etc.) are not to be used in waiting areas, check-in and check-out stations, or in hallways to take photographs, videos, or any other type of recordings. With this policy, we want to ensure that the privacy of each patient is protected.

Acknowledgment

Please indicate your understanding and acceptance of the financial and scheduling policies detailed in the previous two pages by signing below. For the mutual convenience of you and Karen Torres DDS PA, it is understood that this signed copy shall also cover your dependent children who are patients of the practice.

Patient's Name (please print): _____

Responsible Party (print name if other than patient): _____

Patient/Responsible Party Signature: _____ Date: _____

Tell Us About Yourself

Gum Disease Survey

Please take a moment to write an "X" next to any statements that may apply below.

- Red, swollen gums
- Discomfort or bleeding while brushing or flossing
- Loose teeth
- Routine bad breath
- Smoke or use tobacco products
- Health conditions such as diabetes, heart disease or stress
- Pregnant
- Family members with tooth problems
- Floss less than five times a week
- Visit the dentist less than twice a year

If you marked an "X" by any statements, you may be at risk for gum disease. You're not alone. Close to 80 percent of U.S. adults currently have some form of the disease. Other research indicates it is the leading cause of adult tooth loss if left untreated. As your dental professional, we can assess your risk of gum disease and recommend appropriate treatment.

Smile Evaluation

Is there anything about the appearance of your teeth that you'd like to improve or change? Circle any that apply.

Shade/Color Shape/Position Spacing/Gaps Crowding/Overlapping Silver/Amalgam Fillings

Is there anything about your smile you don't like?

Would you be interested in learning how fluoride can help ease sensitivity and prevent cavities?

YES NO