

Jonathan Swope DDS

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(214)363-9627

Office Policy

Patient Name: _____
Last First MI Preferred Name

In an effort to maintain our commitment to serve your dental needs in a fair and professional manner, we have established a policy pertaining to specific appointment and insurance issues we trust will be helpful. We thank you for your cooperation and look forward to a long relationship with you and your family.

Insurance and Payment Options:

~ We will be happy to submit your dental claims, and will strive to do our best to estimate the portion not covered by insurance. Please remember that your insurance plan is a contract between the employer and the insured. It is not possible for this office to ensure coverage on any particular treatment. We pledge to do all that is possible to encourage payment on your claim.

~ Payment will be due at the time of appointment excluding continuing care for some patients. Claims will be given a period of 30-45 days to be processed. Any claim neither paid nor denied will become the patients responsibility after 60 days.

~ Payment may be made by check, cash, Visa, Master Card, American Express, Discover, Aetna Access, Help Card, and/or Care Credit. Payments may also be made online, and in some cases, a patient may be eligible for in-office payment plans. In-office payments would require an automatic debit from the patients account monthly. The payments terms would be discussed and planned with the financial coordinator.

~ For non- insured patients, there will be a 5% discount if paid with credit/debit cards, and 8% discount if fees are paid by check. For non- insured senior citizens, there will be a 10% discount for treatment fees.

Appointments:

~ As a courtesy, we will make reminder calls and send e-mail reminders. Please respond promptly as we must have confirmation for each appointment.

~ Appointments are carefully scheduled according to the amount of time required for individual treatment procedures. Your appointment time has been especially reserved for you, and preparations have already been made in advance for your care. While in the office, please turn off cell phones.

~ If it is decided that an appointment must be cancelled for any reason, we ask that you give at least 24 hours notice. However, if an appointment has been cancelled with less than 24 hours notice, it is considered a failed appointment.

~ For hygiene patients, if there are two failed appointments within the six month recall, we ask that payment be made in full for your appointment. In this event, dental assignments will be changed to the patient. Insurance normally remits payment within three weeks of receipt.

~For Dr. patients, if there is one failed appointment for the same treatment, we ask that 20-50% of your portion be paid in advance to reserve your second appointment. This payment normally would have been due the day of the procedure, but will be required upfront after a failed appointment. We thank you for your cooperation.

~ If you do not make an appointment for recommended treatment, you may be asked to sign your treatment plan so that there is a record of our clinical assessment and professional recommendation on file.

~Patients are now able to view their appointments at our website www.geyerdds.com . Please visit our website regularly to be apprised of new information, as well as to keep current with your scheduled appointments and balances. We value your loyalty and confidence. Personal recommendations are highly appreciated.

As always, you may also reach us at 214-363-9627 or office@geyerdds.com

Please sign below in acknowledgement of our office policy.

Signature _____ Date _____

Response Date: _____