



Office Policy

Thank you for choosing our office for your dental needs. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always available to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to treatment plans and financial agreements regarding their dental health. Please remember we must take x-rays and perform an exam at least once per year.

**As a courtesy, we will file your dental claims, but your financial part is due and expected at the time of service. This office only provides estimated quotes, as insurance companies are continually changing their pay options. You are responsible for any difference that may occur between any estimate and the actual claim payment. If you have questions regarding claim payout, explanation codes given on a claim or any other claim issues please call your insurance provider. The patient and the insurance holder are responsible for verifying benefits according to your individual plan, not our office.

Dr. Garrett D. Olive is registered PPO (network providers) for Delta Dental Premier, Healthchoice, United Healthcare, and CIGNA. All other insurances we are not in network with. We will be happy to file your out-of-network insurance as a courtesy, however, you will be responsible for any out-of-pocket fees associated with what the insurance does not cover.

Payment options: Payment in full for your treatment is due no later than when services are rendered. We realize that every person's financial situation is different. We accept cash, checks, debit/credit cards and CareCredit. You can ask about CareCredit at the front desk prior to scheduling an appointment. Any overdue balances that go unpaid for over 90 days may be turned over to our collection agency, KCI. Any information we have, such as address, employer and all phone numbers will be turned over to our collection agency.

No-Show Policy: Your appointment is reserved for you and for you only. Because of this, missed appointments or late cancellations are extremely detrimental to our day. As a result, we request that you notify our office at least 48 hours in advance prior to a confirmed appointment if you need to reschedule or cancel the appointment. Any appointment that is confirmed and the patient does not show up to or same-day cancels could result in a no-show fee of \$50.

Return Check Policy: Checks returned for any reason will be surcharged \$50.00 on your account. If a check is returned twice it will be turned over to the District Attorney for collection.

If you would like a privacy policy and procedures please ask for one. Be sure to notify our staff if you have any changes to insurance, employment, phone numbers, addresses or health.

Signature: _____ Date: _____