Todd A. Loftin, DDS
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OUR OFFICE POLICY

Our goal is to help our patients attain their highest level of oral health, both functionally and cosmetically, in an environment where trust, integrity and compassion are the overlying philosophies; where patient education is of the utmost importance for the purpose of allowing our dedicated team to provide each patient with appropriate care based on their individual values and desires.

Your insurance policy is a contract between you, your employer and the insurance company. Our office is not a party to that contract. As a courtesy to you, we will process all your insurance claims. Payment of your estimated patient portion, if applicable, is due at the time service is provided. If you are unable to make payment at time of service, please let us know and we will work with you to find an option that works best for all of us.

If payment from your insurance company is not received within 60 days from the date of service, you will be expected to pay the balance in full.

Returned checks are subject to a $25 fee. Balances over 30 days are subject to finance charges at the rate of 1.5% per month (18% annually).

Our office accepts cash, checks, and all major credit cards.

If you need to reschedule your appointment, we do request 2 business day notice. If you cancel or miss an appointment without this notice, our office will charge you $50 per half hour of reserved time for you.

HIPPA notice: Federal and State laws require us to maintain the privacy of your health information. We only use and disclose your health information for treatment, payment and healthcare operations. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. Such authorization may be revoked in writing at any time. To view our Privacy Practices, please visit our website: www.loftindental.com .

If you have any questions regarding any of the above, please ask. We are committed to providing you with the most positive experience in dental care.

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Print Name (or Name of Minor if under 18)

_____ _____
Signature Date