Adam E. Hill, DDS, PA - General Dentistry 123 Little Spring Road - PO Box 1083 - Blowing Rock, NC 28605 - (828) 295-9603

Thank you for choosing us as your dental care provider. We are committed to your treatment and well-being. In order to make your visit as pleasant and productive as possible, please read our office policies and sign below.

Investment

The investment needed to complete your necessary dental treatment is based on an estimate derived from your initial comprehensive examination. Should additional problems arise as your treatment progresses, your estimate may have to be revised. You will be consulted before any additional treatment is undertaken. Your estimate will be honored for all treatment completed within 6 months of the date of examination.

Office Hours

Our office hours are Monday-Thursday 7:30am – 5:00 pm. We see patients between 8:00am and 5:00pm. Our office will be open on 1-2 Fridays per month from 7:30am - 1:00pm (schedule permitting).

Prescriptions and Refills

When you call for refills, please have your medicine bottle available so we can obtain accurate information from you. Please be sure to take any required premedication one hour prior to your appointment.

Fees, Payment Policy and Insurance

As a courtesy to you, we will file your dental insurance with the following requirements: We require that you pay the estimated percentage of our fee that your dental benefit will not cover and any required deductible that you have not met. It is your responsibility to provide any necessary authorizations. Remember, this is your dental plan; it is your responsibility to comply with the plan's specific requirements. If no payment has been received from your insurance company within 6 weeks, the remaining balance is due upon receipt of your statement. Patients will be billed for the remainder due after the insurance payments have been received. We reserve the right to assess interest and late fees for any unpaid balance after 60 days. Patients who have insurance that make payments to the patient always pay in full at the time of service. On accounts that must be turned over to collections, the responsible party will be responsible for all legal and collections fees that are incurred by Adam E. Hill, DDS.

Regardless of your insurance coverage, final financial responsibility rests with the patient. We recommend checking with your insurance company for specific requirements in order to obtain maximum benefits. Some insurance companies require certification; however this does not guarantee payment.

I have read and understand the above Patient Policies.

Contacting your insurance company concerning payments or denials is your responsibility - please do so before calling our office.

Please discuss your insurance coverage with us in advance of your appointment. This will allow us to arrange a treatment plan that will meet the requirements of your coverage and keep your out-of-pocket expenses to a minimum.

If you do not have dental insurance, payment must be made in full on the day that treatment is rendered unless coordinated with the our office and Wells Fargo Financial or Care Credit in advance. We offer 12 month interest free payments through Wells Fargo Financial and Care Credit once pre-approved. We accept MasterCard, Visa, personal checks, travelers checks and cash.

Appointment Policy

The scheduled appointment is reserved specifically for you. Any change in this appointment affects many patients. If a cancellation is unavoidable, please call the office at least 24 hours in advance so that we may give that time to another patient. Any appointment not cancelled or changed within 24 business hours are considered a broken appointment. We charge our patients \$25.00 per scheduled hour for broken appointments. After 3 broken appointments, we reserve the right to NOT schedule any subsequent appointments.

We strive to see all patients on time for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an emergency. Please accept our apology in advance should this occur during your appointment.

If you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any dental benefits arbitrary determination of usual and customary rates.

If at any time you have questions, please feel free to ask our staff or call our office. We are here to help in any way we can. We appreciate you choosing us for your dental health needs.

Signature Date