

Office Policies

Insurance

You, as the patient, are responsible for all charges regardless of insurance coverage. It is your responsibility to know your insurance benefits, frequencies, and limitations. However as a courtesy to our patients, we will file your dental insurance for you. We are providers for many insurance companies; therefore we accept the reduced fee in which they allow us to charge. Please keep in mind that when we inquire the verification and/ or pre-determination of benefits, nothing is guaranteed. It is only an estimate until the insurance company reviews the claim. We will do the best to our ability, to provide the insurance company all information needed to get the claim paid. There are times however when a dental claim goes to a dental review board for consideration. It is within the review boards' discretion to accept or deny the claim. If the claim is denied, then the patient is responsible for payment. You as the insured have to right to appeal, but at that point when we have exhausted all our means, we cannot get involved and the balance must be paid in full by the patient.

Payments

As a courtesy to our patients we accept most major credit cards and checks with proper identification. We do not accept post dated checks. There will be a \$25.00 charge on all returned checks, and the balance must then be paid in full in cash or money order only. Patients that have an outstanding balance of 30 days or more overdue are subject to 1.5% monthly interest, in addition to collection fees, court costs, and reasonable attorney fees to collect unpaid accounts. Patients with such outstanding balances must make payment arrangements prior to scheduling appointments. If treatment needs to be performed and your total estimate has been advised, we do expect payment at the time of treatment.

Confirming/Cancelling Appointments

You will receive a text and/or email reminder regarding appointments. Please confirm or cancel your appointment by responding to this email/text or calling our office at 210-497-4847. You will receive an email and text from Lighthouse. Please confirm or cancel your dental appointment upon receipt of this message.

Missed Appointments/Non 24 Hour Cancellation/Late Arrivals

TPC Dental Care charges a, **\$50 fee for cancellations/rescheduling or failed appointments less than 24 hours** of your scheduled appointment. A very small percentage of the total appointment is charged to slightly compensate for the time that we have specifically set aside for each patient. We will strive for continued excellence of care,

Patient (Or Guardian) Signature _____ Date _____