



With respect for our patients and staff, we ask that you read our appointment guideline so that together; we may give you the most respectful and efficient care possible.

Email Reminder:

When you make an appointment you will immediately get an email reminder showing the date and time of your appointment so that you may add it to your personal calendar.

*You then will get another email reminder 7 days prior to your appointment time.

Post Card:

Post card reminder will go out two weeks prior to your appointment. We require verbal confirmation of your appointment, please call the office to confirm your appointment.

Text Messages:

Starting 5 days before your appointment you will receive a text message reminder. You will need to reply C to confirm your appointment.

You also will receive a text reminder 2 hours before your appointment.

*You will receive a text message reminder each day up until the appointment is confirmed.

Phone Call Confirmation:

Day three you will receive a confirmation phone call asking for you to return our call to confirm your appointment.

*If the appointment is not confirmed by the day before your appointment we will make another attempt to confirm your appointment. If you have not confirmed your appointment by this time we will assume you are not coming and give your appointment to another patient.

We understand that circumstances occur that do not allow you to keep your scheduled appointment. In this case, please **call us at least 48 hours in advance** of your appointment time. If you are more than 10 minutes late for an appointment, you will need to reschedule. If you miss your appointment without cancelation, you may be scheduled at the discretion of the office. Your appointment time is **reserved only for you**. Please help us serve you better by keeping scheduled appointments or changing them in a timely manner.

Appointment Guideline:

1st missed appointment we **will** reschedule your appointment for you.

2nd missed appointment we will **not** be able to reschedule you.

Patient Name Signature _____ Date: _____

Omaha, NE 402-492-8300
Gretna, NE 402-332-2748

Council Bluffs, IA 712-325-1544
Missouri Valley, IA 712-642-4136

OFFICE POLICIES OF MIDLANDS DENTAL GROUP

Thank you for choosing us as your dental care provider. We are committed to providing you with quality dental care. The following is a statement of our financial policy, which we require you to read, agree to, and sign prior to any treatment. Please note that full payment is due at the time of treatment and all charges incurred are the patient's responsibility regardless of insurance coverage.

Insurance: As a courtesy, we will file claims on your behalf with your insurance company immediately after treatment. Please note that an insurance policy is a contract between your insurance company and you. If you have questions regarding coverage, you must contact the insurance company directly. You are responsible for full payment regardless of any insurance company's arbitrary determination of usual and customary rates unless our office is a preferred provider with your insurance company.

If you are a new patient, please present your insurance card prior to treatment. If we are unable to verify your insurance, full payment is due at the time of treatment. If your insurance has changed, it is your responsibility to update our office with the new information.

Payments: Our office will accept payment in forms of cash, check, Visa, MasterCard, Discover, and AmericanExpress. Our office does not accept partial payments or payment plans, but we do offer payment plans through Care Credit and some plans are interest free. At the time of treatment, the estimated portion is due. After we receive payment from your insurance company, the remaining balance is due in full. Any adult accompanying a minor is responsible for the payment due at the time of service as well as providing us with appropriate insurance information, if applicable. If we do not receive payment from your insurance company within 30 days of submitting your claim, you will be responsible for full payment. If we receive subsequent payment from your insurance company, you will be refunded. Please note that returned checks will be subject to additional fees.

Cash/Check Discount: \$500-\$3000 is 5% --- \$3000-\$6500 is 7%, --- \$6500 and up is 10%

Late Cancellations/Missed Appointments: We understand that circumstances occur that do not allow you to keep your scheduled appointment. In this case, please call us at least 48 hours in advance of your appointment time. If you are more than 10 minutes late for an appointment, you will need to reschedule. If you miss your appointment without cancellation, you may be rescheduled at the discretion of the office. Your appointment time is reserved only for you. Please help us serve you better by keeping scheduled appointments or changing them in a timely matter.

HIPPA Privacy: We thank you for the opportunity to provide you with quality dental care. We respect all of our patients and wish to keep you notified of our policies. Midlands Dental Group follows HIPPA privacy laws and has a copy of HIPPA regulations available at your request. If we change our privacy practices or financial policy, we will post a copy in our office in a prominent location, have copies of the revised notice at our office and provide you with a copy at your request.

Understanding, Authorization, and Release: I have read, understood and agreed to all of the terms in Midlands Dental Group Financial Policy. I authorize Midlands Dental Group to release any information including the diagnosis and the records of any treatment or examination rendered to my dependents(s) or me during the period of such dental care to third party payer or health practitioners. I authorize and request my insurance company to apply directly to Midlands Dental Group for dental group insurance benefits otherwise payable to me. I agree to be responsible for payment and related charges of all services rendered on my behalf or my dependents(s).

X _____

Signature of Patient or Responsible Party

Date: _____

(Print) _____

Missouri Valley Dental Group
Timber Ridge Dental Group

Western Iowa Dental Group
Gretna Family Dental