

Fort Worth Periodontal Specialists

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Board Certified Periodontist
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Financial Policy

In an effort to keep dental costs down while maintaining a high level of professional care, we have established the following policies regarding financial arrangements and dental insurance. If you have any questions about this information, please do not hesitate to ask.

- The fee for the initial consultation/x-rays will be collected in full. We will submit your claim to the insurance company and ask that they reimburse you, as long as you are eligible. (There are usually frequency limitations on your exams and x-rays.)
- Payment in full is expected at the time treatment is rendered unless financial arrangements have been made in advance. We accept cash, care credit, and all major credit cards as well as debit cards.
- We are not in network providers for any insurance companies. Estimated Co-pay responsibility will be collected at time of service for PPO plans.
- We do not accept DMO insurance or Medicaid. You will be responsible for the fees for service.
- You will also be responsible for any insurance claims which remain unpaid by your insurance company after 90 days. Your insurance plan is a contract between you and your carrier; it is not our policy to contact insurance carriers to establish why they have not paid or why they have paid less than originally indicated.
- Any past due balances left unpaid will be sent to a collection agency. If collection and/or legal services are required to obtain payment, these legal fees and costs are added to the balance.
- Occasionally during a surgical procedure, situations are encountered that require additional treatment which could not be anticipated beforehand. The doctor will review the findings and ask whether you would consent to these services during the treatment planning. These services will be charged at the time of treatment.
- We do not file secondary insurances for patients.
- ***We reserve the right to charge \$50 per hour scheduled for any hygiene appointment cancelled within 48 hours or no show.***
- ***Surgical procedures require 72 hour notice to reschedule or cancel. There is a fee of \$100 per hour if one cancels without 72 hour notice.***

I have read, understand, and agree to this financial policy.

Signature _____ Date _____
(Parent's signature if a minor)