

Philip Cimo DDS PA
650 West Bough Lane Ste 160
Houston TX 77024
713 464-1887

Office Policy

- 1) **IN THE EVENT INSURANCE DOES NOT REIMBURSE OUR OFFICE WITHIN 60 DAYS, THE PATIENT WILL BE SOLELY RESPONSIBLE FOR THE BALANCE.** Please understand that dental coverage is based on an agreement between your employer and the insurance carrier, mostly arrived at for the purpose of profit to the insurance company. We don't believe that the insurance company should dictate or govern your care. We will file your insurance for you and do our best to get reimbursement. We may even appeal a denied claim for you which may be accompanied by a written narrative, photographs, and/or additional x-rays. We are equipped with a dental insurance software program that allows us to obtain a lot of benefit and coverage information, however we can never know 100% of the time what insurance will do.
- 2) Please give us at least a 24 hours notice before breaking an appointment. If broken appointments without 24 hour notification become frequent, there may be a charge of \$45.00.
- 3) Welcome to our practice. Please communicate with us any concerns or matters that you feel is of importance to you. We value your relationship and aim to surpass your expectations.

Looking forward to improving your oral health!

I, _____, understand that I am responsible for balances remaining after insurance payments to this office.

Signature of responsible party: _____

Date: