

SCOTT F BOBBITT, DMD, MAGD, DICOI

PATIENT DATA, SCHEDULING & FINANCIALS (Updated 5/2020)

PATIENT CONTACT INFORMATION:

Patient Name: _____ DOB: _____

Address: _____

Preferred Method of Contact: (circle your choice) email cell/text work phone home phone

EMAIL (REQUIRED): _____ Cell: (____) _____

Work: (____) _____ Home: (____) _____

SSN: _____ (Required in order to carry ANY balance on account per Practice Manager)

- ❖ We will scan your Driver's License or picture ID for identification purposes only at your first appointment.

CONTACT INFORMATION FOR PERSON RESPONSIBLE FOR PATIENT:

Alternate Responsible Person: _____ Relationship to Patient: _____

Address of Responsible Party: _____

DENTAL BENEFIT PLAN CONTACT INFORMATION:

Dental Benefit Carrier: _____ Policy ID#: _____

Telephone # _____ Subscriber# _____

Patient's Relationship to Insured: Self Spouse / Partner Child/Dependent Other

Subscriber Name: _____ DOB: _____ SSN: _____

Subscriber Employer: _____

Appointment Scheduling & Confirmations

Making Appointments with our Providers:

Our Scheduling Manager is available to schedule dental appointments Monday to Thursday from 8-5pm. Our administrators work hard to coordinate our patient appointments with providers availability. Please call **603-882-3001**.

How We Work with Confirm the Appointment You Reserved for Your Care:

Our electronic reminder system will remind patients of their reservation in advance with **EMAIL** and/or **TEXT**. Simply select CONFIRM button when the notification is received to confirm the appointment or call 603-882-3001 should a change be required. We kindly ask for at least 2 business days' notice, to permit our staff to find a more suitable reservation, as well as time to reach out to others who were unable to be seen because of our commitment to the reserved time.

Should confirmation not be received through our automated system, we will call the patient/guardian at least 2 days prior to the scheduled reservation in hopes of secure a reply. If we are unable to make contact, we reserve the right to cancel the reservation, because of the requirements imposed by COVID-19.

COVID-19 Specific Changes:

The additional protocols required to comply with current health regulations regarding COVID-19 mandate that an appointment be confirmed before the treatment room is set. In addition, we are required by law to pre-screen all patients for illness and travel restrictions. An electronic form will be emailed at least two days prior to the scheduled appointment. This form **MUST** be filled out and returned to the office at least 48 hours prior to the reservation.

When the patient arrives for the appointment, they will be screened again, have their temperature and oxygen level evaluated. Until point of service testing is available, these are the only means we have of evaluating the risk of contaminating others. If the patient is exhibiting symptoms consistent with COVID-19 infection, they will be asked to make an appointment with their PCP and to reschedule the appointment for care. In case of emergent or urgent need (pain, abscess, swelling) that may be life threatening, we will risk our exposure to make sure that the patient's safety and concerns are diagnosed and treated.

Our Commitment to Our Patients:

Dentistry is not a perfect art or science, but we strive to respect the patient's time. Likewise, scheduling for individualized treatment is not a perfect science. Some procedures and patients offer "hidden" challenges that cannot be predicted. Our goal is to see our patient within 15 minutes of the reserved time. If circumstances in a previously appointed patient's treatment cause us to delay, the patient will be notified of the estimated amount of time that will infringe upon their reservation. We will offer the option of waiting or rescheduling the appointment. If this becomes necessary, we will do our best to find a convenient time for care that cannot be infringed (usually first patient of the day or first after a mid-day break). Furthermore, patients will have access to Dr. Bobbitt (or an assignee) 24/7/365 for emergency care. This includes mid-day trauma that may or may not interfere with regularly scheduled reservations.

Appointment Scheduling & Confirmations (continued)

“No-Shows” Create an Uncomfortable Problem for Everyone:

In order to comply with the additional mandates for COVID-19 amelioration and to maintain appropriate levels of staffing, we will no longer absorb failures to show up for appointments. All we ask is for a phone call to enable our staff the opportunity to offer the appointment to another patient in need. Life happens, work demands change, so if you are aware of a scheduling conflict with the time that was reserved previously, please call us. If a patient fails to cancel the appointment without notice (at least 2 business days) or fails to show up for the reservation, this is considered a “No-Show” event and will be documented as such unless our scheduling coordinator is able to successfully provide the reserved time to another patient at the last minute.

Our appointment agreement requires a phone call. We cannot be responsible for decisions our patients make with the reservations they make for their personal care. Without a call, the entire fee for the reserved appointment will be charged to the patient account with no dental benefit claim submitted. No further appointments will be scheduled until the fee is settled. If a patient fails to show up for an “interim” or “post-operative appointment (these are appointments for which a fee is generally not charged), the following fees will apply:

- A “No Show” appointment for a hygiene provider will incur a \$60 per ½ hour fee.
- A “No Show” appointment for the doctor will incur a \$150 per ½ hour fee.
- Any prepayment courtesies will be rescinded for multi appointment restoration cases.

Thank you for your commitment to health and your understanding. We look forward to caring for your needs!

Financial Agreements

Payment for Services Rendered is Due at the Time of Service

Methods of Payment:

- ❖ **Dr. Bobbitt's Membership Club—No Insurance? No problem! Just ask.**
- ❖ **Personal Check / Cash**
- ❖ **Credit Cards:** (*Health Savings, Flex Spending, Debit, VISA, MasterCard, Discover, American Express, ApplePay*)
- ❖ **Third Party Financing (Compassionate Finance)**
- ❖ **Secure Payment via our Online Patient Portal:**
 - Easy, secure 24/7 access on our website: www.DrBobbitt.com
 - Establish a Virtual Account
 - Set-up a private username and password to facilitate access that YOU control
- ❖ **Vault Payment:** Secure a credit card number to store in the secured vault for easy family access

Accounts Department Services:

- ❖ **Statements:** Payment in full is required no later than due date listed on the statement.
- ❖ **Electronic Dental Benefit Plan Claim Service:**
 - Provide current dental benefits card prior to arriving to the appointment so we have enough time to contact the dental benefit plan carrier to ensure correct data is on file.
 - All claims will be processed in conjunction with **estimated** Copayments
 - Please provide any dental benefit plan card information (or changes to the benefit plan) in advance of any appointment.

Advanced arrangements for treatment for any level of need:

Our Accounts Manager can help to find options to fit most budgets, however, it is important to make those arrangements *before* the scheduled appointment.

- ❖ **Dr. Bobbitt's Membership Club-**
 - Low monthly or annual membership fee
 - Includes two professional hygiene visits per year and discounts on everything
 - No restrictions, limitations, deductibles or uncovered services
 - Cannot be combined with dental benefit plans
- ❖ **Compassionate Financing:**
 - Low rate monthly financing contingent upon credit rating, but most everyone approved.
 - Hyper-flexible terms
 - Applications due in advance with our Accounts Manager.

How we Process Dental Claims:

- ❖ All dental benefit plans are individually set up by the patient or the subscriber's employer with a dental benefits carrier.
- ❖ The patient is ultimately responsible for the payment for services rendered regardless of how the carrier adjudicates the claim. Be familiar with the plan maximum, deductible, calendar/fiscal year, exclusions, coverage %, waiting periods, uncovered services, etc.
- ❖ When our office submits a claim to the carrier, co-payment to be made prior to or no later than the day services are rendered regardless of Dental Benefit Plan coverage. We do our best to provide an **educated estimate** but cannot guarantee coverage. Once a claim is adjudicated, we will balance bill the patient's Vault Card or send a statement for any balance due.

Financial Agreements (continued)

When payments are not received on time:

Should financial obligations not be met, it is important that the patient contact our Accounts Manager in a timely manner. The key is COMMUNICATION so we may help find a resolution. We reserve the right to assess the following fees and charges:

- ❖ **Late Fee:**
 - Assessed when payment is not received by the due date on the statement or payment agreement.
- ❖ **Finance Charge:**
 - Periodic Rate of 2% per month or 24% APR (Annual Percentage Rate) is automatically assessed to any aged balances 60+ days from the date of service regardless of Dental Benefit Plan benefits, claim status, or unfulfilled payment plans.
- ❖ **Returned checks:**
 - A returned bank check for non-sufficient funds will be assessed a minimum of \$40 to the account.
- ❖ **Delinquent Accounts:**
 - It is critical should the payment not be received on time, to call our Accounts Manager.
 - We reserve the right to submit any account at 90 days to a collection agency, adding a 35% collection service fee.
 - Submitting an account to a collection agency will trigger a report to the 3 credit bureaus affecting the patient’s credit rate.
 - Dr. Bobbitt will discontinue the doctor-patient relationship with you. If the patient in arrears is the guarantor for the household, this will extend to the family members, as well.

Authorization, Release and Signature on File:

- ❖ I am responsible for keeping my personal contact and Dental Benefit Plan information on file up to date prior to my arrival for my scheduled appointment.
- ❖ I am authorized and grant permission to Dr. Bobbitt or his assignee to communicate with me by telephone/email/fax between 8am-9pm at work or home to discuss matters related to my care.
- ❖ I have read the Appointment Reservation Agreement and Payment for Services Agreements and understand my obligation as a patient of record with the office.
- ❖ My Signature on File below authorizes the office, **Scott F Bobbitt, DMD, PA** to discuss treatment recommendations, referrals, process claims, including any information regarding the diagnosis, treatment records rendered during the period of such services provided to third party payers and or other health practitioners.

I hereby authorize payment of the Dental Benefit Plan benefits for services rendered, otherwise payable to me, to the professional corporation: **Scott F Bobbitt, DMD, PA**



Signature of Responsible Party

Printed Name

Date