

William J. Cruse DDS, PLC
18518 Hardy Oak Blvd., Ste 200, San Antonio, TX 78258
Phone: 210-496-7000
Fax: 210-497-0054

OUR OFFICE POLICY

GENERAL

Thank you for choosing our practice as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read, and sign prior to treatment. All patients must complete our Information and Insurance form before seeing the doctor. FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER and CARE CREDIT.

Appointment Cancellation Policy

Because of the increasing number of patients that either "no-show" for their scheduled appointment or give less than a 48 hour notice for cancellation, we have been forced to initiate a new late cancellation/missed appointment policy. This policy applies to all patients, new and established. In order to be respectful of the dental needs of all of our patients, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be reallocated to someone who needs to be seen for an urgent dental problem or someone who is on our wait list for an appointment. This is how we can best serve the needs of all our patients.

If it is necessary to cancel or reschedule your appointment, we ask that you call us 48 hours in advance at (210) 496-7000. We will remind you through phone call, email, and or text message 48 hours in advance of your scheduled appointment. (Please make sure we have your updated information.) In the event a 48 hour notice of cancellation is not given, a fee of \$50 may be assessed for a routine appointment and \$75 for a missed procedure. These fees are not covered by your insurance and are your personal responsibility. If patient does not comply with this policy or refuses to pay a late cancellation/missed appointment fee, the patient hereby gives William J. Cruse, DDS the permission to seek payment for said fees.

Exceptions

We understand that emergencies or other circumstances beyond your control may require you to be late or miss an appointment. If so, please let us know as soon as possible. We may consider exceptions on a case by case basis. We appreciate your understanding and cooperation.

Co-payment Agreement

Patient's Co-payment/Insurance: I understand that any co-payment that is collected at the time of visit is an estimate. I understand my insurance might determine that they will pay for a less costly service than the covered service performed by the dentist.

**For example, Composite fillings and porcelain crowns may be downgraded to the amalgam filling or full gold crown benefit if your insurance plan pays a benefit based upon a less costly service, we will charge the patient or patient's dependent for the difference between the services that was performed and the less costly service. This may be the case, even if the service is performed by an in-network dentist. I also understand that the fee estimate listed for this dental care can only be extended for a period of six months from the date of the patient's examination. Furthermore, I understand that it is ultimately my responsibility to find out if my insurance is in or out of network with Dr. William J. Cruse D.D.S.

Signature on File

I hereby authorize payment directly to William J. Cruse D.D.S.P.L.C of the dental benefits otherwise payable to me.

The above listed dental practice and its staff is authorized to provide any insurance company(s), claim administrator(s) and consulting health care professionals, information concerning health care advice, treatment or supplies provided. This information will be used for the purpose of evaluating and administrating claims for benefits.

This authorization is valid for the term of coverage of the policy or contract, in force on this date only, or for two years, whichever is shorter.

I know I have a right to receive a copy of this authorization upon request.

I have read and understand the late cancellation/missed appointment policy for William J. Cruse, DDS written above.