Robert Lee Bishop, DDS
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Guidelines for Dental Insurance Plans and Payment Arrangements

Thank you for choosing Dr. Robert Lee Bishop as your dental provider. We appreciate your confidence. We are pleased to be providers for your dental plan and will provide you with the best service we have to offer. Many of the dental insurance plans are different, however; there are certain guidelines that pertain to all of them. They are as follows:

1. Changes or cancellations must be made during regular office hours within 24 hours of your scheduled appointment or a charge of $25.00 will be applied.

2. No charge cleanings pertain only to those patients who visit the dentist on a regular basis (twice per year) and have little or no sub-gingival (below the gum line) calculus and have pocket depths of 4mm or less. There will be a charge for all other cleanings as outlined by your plan.

3. In order to receive the reduced fees provided by our plan, the patient is required to have any diagnosed treatment completed within a six month time period and prior to any future recall cleaning appointments.

4. Complications that may result due to patient's neglect of treatment will not be considered an emergency; the patient will be given the first appointment available. This may or may not be within 24 hours. An emergency is described as sudden onset of intense, constant pain and /or swelling that does not respond to over-the-counter medications.

5. Once a treatment phase has begun, the patient has the obligation to follow through with all the visits necessary to complete the treatment within a timely manner (30 days or less). Failure to comply will result in application of usual office fees or additional lab fees.

6. Payment in full is due at the beginning of each treatment phase.

Dr. Bishop and his staff have a general knowledge of insurance coverage and how it is applied. However, we are care providers, not insurance administrators. Therefore, it is a patient's responsibility to have knowledge and understanding of the specifics of their dental plan. Any treatment not covered by the insurance company is the patient's responsibility. I have read, understand, and agree to the policies as written.

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Patient signature Date