andrea Yaley DDS

Office Policies

Cancellation Policy

The nature of our practice is to give you the utmost in dental care and services in a clean and professional environment. We appreciate and value your time and, except in emergency situations, you can expect us to be on time for you. We expect the same courtesy from you.

Considering this, we may require a holding fee of $50 if you continuously miss or reschedule appointments without 48 hours' notice. The charge may vary depending on the amount of time set aside for your appointment.

Thank you for helping our office run as smoothly as possible by arriving on time for your appointment.

Financial Policy

We require you to pay the patient portion of the fee at the time of service, we will then bill your insurance for you. After your insurance is billed for your dental services, a statement for any remaining balance will be sent to you. For self-pay patients, payment is expected at the time of service. We accept all major credit cards, cash and checks for payment.

When you receive treatment in our office, you agree to be financially responsible for the entire fee, independent of the insurance coverage.

Contact Policy

We will contact you with the phone number you provide and leave a message, if necessary. If you do not want us to do this, please notify us.

By signing, you acknowledge that you have read, understand and accept the above office policies.

Signature _____ Date _____

andrea Yaley DDS

Insurance Information and Authorization

Our office is happy to help process your claims. We require you to pay the patient portion at the time of service. We will then complete the claim and send it electronically the day of your treatment, at no charge to you. Once your insurance provider pays their portion, a statement is automatically sent to you for any remaining balance.

Insurance coverage is usually based on a fee schedule and paid at the rate agreed upon between them and your employer. The limits of coverage are based upon premium amounts and profit margins designed by the insurance company. The insurance companies are solely responsible for those numbers.

When you receive treatment in our office, you agree to be financially responsible for the entire fee, independent of insurance coverage.

By signing below, you authorize payment benefits directly to Dr. Yaley. You are also authorizing the release of all necessary information to the insurance carrier and their representatives. You have read this information and agree to be financially responsible for your account.

Signature _____ Date _____

Print Name _____