



OFFICE POLICY

Dear Patient:

We would like to take this time to welcome you to our dental office and thank you for selecting our practice at which you will receive your dental care. Our office's utmost goal is to provide quality care to meet the dental needs of your family, from general dentistry to other services including periodontics, oral surgery, endodontics, implants, orthodontics and cosmetic dentistry.

Financial Policy

Please understand that your financial obligation is considered a part of your treatment. In the interest of good dental care practice, it is desirable to establish a credit policy to avoid misunderstandings. To assist our patients, we offer the following methods for taking care of their account in our office. Credit Card/Debit Cards/Care Credit/Cherry/Sunbit and CASH.

To facilitate efficient handling of your financial account, we request that all copay fees be paid in full at the time that services are rendered unless prior arrangements are made with our office staff. We are more than glad to aid in submitting your third party insurance coverage and we gladly accept assignment of benefits from most carriers including many PPO plans, however it is the final responsibility of the patient to satisfy any balances left unpaid by the insurance carrier. The insurance policy that you bring into our office is a contract between the patient, or employer, and the insurance carrier. Our dental office has no control over the quality of insurance coverage you or your employer has contracted with. It is our goal to render the highest quality dental care available and we have NO control over the many unjust "cost containment policies" insurance carriers use to reduce your benefits.

Failed or Cancelled Appointments

We try to remind patients by telephone prior to the appointment, but please do not depend on this courtesy. If we are unable to contact you, your appointment card will serve as the confirmation of your appointment and implies your obligation to be present. That time has been reserved especially for you. If you need to change your appointment, we require at least 48 hours notice for all cancellations to avoid a charge for our lost time and to avail the time to other patients. We reserve the right to charge a minimum of \$30 per half hour and if the appointment is with a specialist the minimum fee is \$50 per half hour of visit. On the other hand, dental emergencies do arise and if we are unable to see you at the appointed time, please have patience, as one day you may be in need of emergency treatment.

Estimates and Fees

After x-rays and examination, you are entitled to and should ask for an estimate of fees to cover your treatment. All estimates are based upon conditions viewed at the time of diagnosis; such as pulp therapy or cracked teeth could alter an estimated fee. It is customary to pay for dental services when they are rendered. There is a service charge on all unpaid accounts.

Delinquent Accounts

Delinquent accounts will have to be turned over to Credit Reporting Collection Agency.

PATIENT OR GUARDIAN SIGNATURE _____ DATE _____