

OFFICE POLICY

Thank you for choosing our team for your dental care!

We are looking forward to helping you maintain healthy teeth and gums, and appreciate the trust you have placed in us. Our office policies are designed to inform you so that we can provide you with the best care possible. All our patients must sign our office policy form prior to any treatment.

Financial Responsibility

We accept cash, checks, and credit cards. Full payment is due at the time of service. Financial estimates are available with treatment plans recommended by your doctor. Delinquent accounts will be submitted to a collection agency for collections. A late fee of \$25 and a finance charge of 18% APR will be applied to past due accounts. Return check fee is \$35. If at any time you have questions regarding any treatment, fees, or services, please discuss them with us promptly. We will make every effort to avoid any misunderstandings.

Insurance Plans

If our office has a "participating contract" with your insurance carrier, we will accept assignment on all covered services and bill your carrier for you. However, you are responsible for the co pay, deductible, and or for all non-covered treatments at the time of service. Your insurance plan represents a contract between yourself and the insurance company, and not the doctor. Therefore, it is your responsibility to make certain your carrier makes prompt payment, and to handle any disputes that may arise. We will do our best to help you obtain benefits, however if your insurance company pay less than the estimate, or if they deny payment on a service, the balance becomes your responsibility.

Missed Appointments

As part of our commitment to you, we respect your time in our office. We set aside time specifically for you, and give you the needed attention from our staff. Since this time is reserved for you, we ask that you arrive on time. If you cannot keep your scheduled appointment, we require that you give us the courtesy of 48 hour notice. There will be a charge of \$50 for a missed or broken appointment without at least 24 hour notice. With three or more broken appointments, we reserve the right to refuse future treatment.

Cellular Phones

We request all cellular phones be turned off or to be on silent mode during your appointment.

Minor Patients

Children should not be left unattended. All children 17 years of age and under scheduled for treatment must have a parent or guardian present in the office during their appointment.

Release of Records

We will be happy to release duplicates of your dental records with a signed release form; however we ask that you give us 48 hour notice to prepare the records. There is a \$25 charge for duplicating records.

Note: We reserve the right to dismiss any patient from our office for inappropriate behavior in our office or on the phone.

I have read the policies and I understand and agree to them. I acknowledge that I am responsible to pay all charges for treatment administered by this office as outlined above.

Thank you for reading and signing our office policy. We look forward to working with you and providing you with the best possible dental care. We strive to make a difference in the way we treat you!

Signature

Date