

OFFICE POLICIES FOR DUXBURY DENTAL ASSOCIATES

We understand there are many options for dental care and we appreciate that you have chosen our office. In an attempt to maintain our fees at a reasonable level, we ask for your cooperation by observing the following:

PLEASE read and initial each policy.

BROKEN/MISSED APPOINTMENTS - If you cannot keep your appointment, notification must be made within 24 hours of your appointment to avoid a charge of \$40. This fee is not covered by insurance and you will be directly billed. Payment must be made prior to your next appointment. Obviously there are certain situations that are inevitable - *Discretion is made for each situation.*

Patient/Guardian Initial _____

PAYMENT IS DUE AT TIME OF SERVICE— Payment in full for all services is expected the day the service is rendered, unless previous arrangements have been made. This includes any co-pay and/or deductible for those patients with dental insurance. Cash, Check, MC, Visa, and Discover are welcome. We also offer Care Credit (www.carecredit.com).

Patient/Guardian Initial _____

RESIN FILLINGS – This office uses resin/composite restorations from time to time. There could be a higher charge with your insurance – please let us know if you do not want them. If you need more information, please ask your dentist.

Patient/Guardian Initial _____

UNDERSTANDING YOUR DENTAL POLICY – As a courtesy we check on insurance when you become a New Patient. It is not the responsibility of our office to know each patient's dental insurance policy. If your insurance should change, then it becomes your responsibility to notify us and to identify what has changed to your policy. Also, as a courtesy we submit your claims to insurance; therefore the most up-to-date insurance information is necessary at each appointment. Our office is always happy to help you understand your insurance – just ask!

Patient/Guardian Initial _____

REMINDERS - *As a courtesy* we send reminders for all appointments 1 week prior to your scheduled appointment and a reminder again 1-2 days prior to all appointments. Please listen and confirm phone calls OR confirm on the emails. It is your responsibility to remember your appointments, and the services we provide are a courtesy. Do not rely on them – technology is not perfect. PLEASE provide the most UP-TO-DATE information or our efforts will not be effective.

Patient/Guardian Initial _____

X-RAYS – Our Standard of Dental Care *requires* that we take X-rays every 12 - 18 months. We will take them annually unless there is a reason. If you have any questions or concerns, please speak with one of our Doctors or Hygienists.

Thank you for your cooperation. We look forward to a long lasting relationship with you!

Patient Signature

_____/_____/_____
Date