

OFFICE POLICIES

We understand that there are many options for dental care and we sincerely appreciate that you have chosen our office. We ask for your cooperation by observing the following: **PLEASE READ AND INITIAL EACH.**

BROKEN/FAILED APPOINTMENTS: - If you cannot keep your appointment, notification must be made *within 24 hours of the appointment time to avoid a charge of \$40.* This fee is not covered by insurance, and you will be directly billed. Payment must be made before the next appointment. Obviously, there are certain situations that are inevitable – we use discretion on each situation.

Patient/Guardian Initial: _____

PAYMENT DUE AT THE TIME OF SERVICE: - Payment for all services is expected the day of the appointment, unless previous arrangements have been made. This includes any copay/deductibles for patients with insurance. We accept: Cash, Check, Visa, MasterCard, Amex, and Discover. We also offer Care Credit (www.carecredit.com).

Patient/Guardian Initial: _____

AMALGAM/RESIN FILLINGS: - This office uses both types of restorative products, and reserves the right to use whichever product the dentist sees as the best treatment for each individual situation. Some may be more expensive with insurance – we do not follow insurance restrictions. If you need more information on this, please ask your dentist.

Patient/Guardian Initial: _____

INSURANCE: - It is your responsibility to know your insurance policy. There are thousands of policies, and we simply cannot know exactly what each does/does not cover. It is your responsibility to keep this information up-to-date with us. We do not know when your insurance changes. If you have dual insurance, please make us aware as soon as you are. Also, as a courtesy we submit your claims to insurance. Our office is always happy to help you understand your insurance – just ask!!!!

Patient/Guardian Initial: _____

NOTIFICATION OF APPOINTMENT: - 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 your appointment. Please listen and confirm phone calls or confirm on the text/email. Do not rely on them – technology is not perfect. It is your responsibility to keep the contact information up-to-date so that these reminders are a success.

Patient/Guardian Initial: _____

X-RAYS: - Our Standard of Dental Care *requires* that we take x-rays every 12-24 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.

Patient/Guardian Initial: _____

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

Patient/Guardian Signature: _____ **Date:** _____

Patient's Name (Please Print): _____