



Office Policies

It is our mission to provide you the best care possible and to be helpful regarding office policies. In order to do so, we need your partnership and your clear understanding of our office policies. Therefore, we ask that you read and understand the following:

Patient Name: _____
Last First MI Preferred Name

Compliance of Necessary Dental Treatment

* As a dental provider we have a responsibility to provide patients with quality dentistry. As your Dentist, I vow to go the extra mile and provide not only quality dentistry, but also state-of-the-art dentistry. Dentistry that allows for the latest advancements for treating dental caries, periodontal conditions, advanced endodontics, replacement of early tooth loss and cosmetic dentistry.

However, our efforts need to be matched by your commitment. Commitment to complete necessary dental treatment in a timely manner, commitment to keep all reserved appointments at their scheduled times, commitment to give feedback on my staff's services, as well as my own, so that the relationship between the patient and doctor stays healthy.

Missed Appointments

* Our office strives to respect a patient's valuable time by keeping prompt, efficient appointments. To aide the office in serving you, if a reserved appointment needs to be changed to better accommodate a patients schedule - we require 48-hours advanced notice of any cancellation, calls must be received during regular office hours.

Any appointment changes without a 48-hour advanced notice may be subject to a \$75.00 charge per every hour scheduled. Arriving more than 15 minutes late to an appointment may result in rescheduling your appointment and a charge will incur. Patients who have consistently missed appointments or late arrivals may be asked to transfer to another dental provider.

We ask that you understand this office strives to provide you, the patient, the best care in a timely manner. Please understand we also accommodate patients who are calling with an emergency. We will keep you updated with the status of the office and apologize in advance if you experience any lengthy wait time. Thank you.

Monthly Billing/Statements

- * If the necessity for monthly billing statements applies to any patients account, the patient will have a 30-day grace period for account to be paid in full with no finance charges. An account exceeding 30-days will be subject to finance charges calculated at a 1.5% rate per month or at a 18% annual percentage rate, with a minimum finance charge of .50 cents per month.

Insurance Policy

- * Patients utilizing insurance benefits accepted by the office will have all necessary insurance forms prepared and sent for reimbursement. However, your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you - our commitment to you is to utilize your insurance benefits as efficiently as possible. Not all services are covered by every insurance plan.

Please acknowledge with us that while insurance benefits have been calculated to the best of our ability - all estimates are subject to revision upon receipt of payment by insurance carrier due to plan provisions, set fee schedules, allowances, and eligibility. Patients who have dental treatment completed are responsible for all fees for services provided. All deductibles, co-payments, and fees exceeding dental maximums are due at time of service. Also, any additional billing services needed due to non-payment by your insurance carrier are subject to a \$25.00 processing fee that will be charged to the patient.

Assignment of Insurance Benefits: I hereby irrevocably authorize payment directly to the above named group/dentists. I understand that I am financially responsible to the group/dentist for all charges not covered.

Appointment Reminder and Confirmations

- * We confirm and remind our patients of their appointments automatically by email, text and/or voicemail. By CHECKING the box you allow "OUR" automated service to use your information for this purpose only. Standard rates and text fees may apply. You are given the option to UN-SUBSCRIBE.

Payment method

- * As of April 2015 our office no longer accepts personal checks. We accept Visa, Mastercard, American Express, Discover, Care Credit, Lending Club, Lending USA and Cash as form of payment.

Effective Date of Office Policies Contact:

Once you the patient, guardian or financially responsible party has signed this agreement, compliance and adherence to all terms and conditions contained herein are in effect.

Response Date: _____