

OFFICE POLICY AND PROCEDURES

Welcome to our office! We are glad you have chosen us and look forward to working with you in obtaining optimum oral health. Please take a minute and read our office policies and be sure to ask any staff member if you have a question regarding them.

Appointments: Your appointment time is reserved just for you. In order to provide each patient with individualized attention, we do not double book appointments. Please call in advance for an appointment. We require you to be present at or before your appointed time. We ask that you please call our office at least **48 hours** in advance, if you must reschedule, so that your time may be used for emergency patients. We reserve the right to charge a cancellation fee or require a deposit of \$50.00 for future appointments if **48 hours** notice is not given prior to cancellation of an appointment. Late cancellations or not showing up for your appointment is one of the biggest reasons fees have to be increased. This policy is in place to keep our fees as low as possible.

Our office reserves the right to revoke treatment privileges for the following reasons:

1. The patient has had **2 missed appointments without 48 hours notice** of cancellation or rescheduling. Please note that 15 minutes (or more) late for an appointment is considered a missed appointment.
2. The patient has had **3 late appointments** (less than 15 minutes late).

The nature of our practice is to provide our patients with the finest in care and service. Please excuse any delays. We will provide you with the same careful attention as soon as possible.

Dental treatments are considered medical treatment and **children should not be left alone at our office.** A parent or guardian is needed to sign authorizations, as well as to comfort the patient.

Emergencies: Emergencies will be handled as quickly as possible. If you have an emergency during office hours, please call early in the day.

Insurance: Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. We file insurances a courtesy for our patients **but we do not guarantee any payment by the insurance company.** We **estimate** what the insurance company will pay based on the limited information that they provide to us on the plan that your employer purchased for you. In order to file you insurance, we need a copy of your dental insurance card. You will need to pay your deductible and co-payment at the time services are rendered. At your request, a proposed treatment plan will be printed estimating the cost of treatment. Please realize that this is only an estimate. Occasionally, unforeseen developments occur during treatment. The treatment plan and cost may change. You may refuse any recommended treatment if you desire.

Payments: Payment for treatment is **due** when services are rendered. For your convenience we accept Visa, Master Card, American Express and Discover. We also offer Care Credit. Returned checks will be deposited once, and then turned over for collection. The fee for a returned check is \$35.00.

If you have any questions about our policies, please do not hesitate to ask!

Signature: _____ **Date:** _____