



Welcome to our office! Thank you for choosing us for your dental care. We are confident that you will be very pleased with the service that we will provide to you. Our friendly staff will do whatever is necessary to make your visits with us as comfortable as possible. We would like to take this opportunity to outline some of our office policies because mutual understanding between us is essential for optimum health and excellent service.

Appointment policy: We realize that time is a limited commodity for all our patients. This is why we strive to have “on time” appointments. We schedule our appointment book as full as we can to accommodate as many patients as we can and **we require 48 hours notice to change an appointment.** We are very understanding regarding unforeseen business and personal emergencies, however, repeated last-minute cancellations and failure to arrive for scheduled appointments **will incur a \$60.00 fee.** Appointments over 15 minutes late may be considered broken.

Insurance policy: Please bring a copy of your card to our office so that we may enter your information and bill your company accurately. Our office is happy to bill your insurance company for your treatment, however you must realize that the agreement is between you and your insurance company. We are not a party to that agreement. As a courtesy, we will file your insurance and accept assignment of benefits. **We ask that your estimated co-payment and deductible be paid at the time of service. If you do not have insurance or if you have Delta Dental, your payment will be due at the time of service.** Not all services are covered benefits and therefore, insurance may not cover certain treatments. You must understand that you are responsible, regardless of insurance, for any charges incurred from services rendered. All insurance amounts are estimates only and not a guarantee of payment by your insurance company. If your insurance does not pay within 90 days of being billed, you will then be responsible for the full balance. Our practice will not enter into a dispute with your insurance company over any claim although we will cooperate fully and provide them with any requests for information they may have. Please call your company if you have any questions about coverage.

Payment policy: We no longer bill. Payment or Co-payment is due at the time of service. A firm understanding of financial policy is essential before beginning treatment to avoid any misunderstanding and to assist you to plan accordingly. We do accept cash, check, Visa, Mastercard, American Express, and most insurance plans. We also offer an outside credit option called Care Credit (*up to 18 months interest free if you qualify). Co-payments are due at the time of service. When treatment begins, at least one half of the co-payment is required the day treatment is started. The balance is then due upon completion of treatment unless previous arrangements have been made. We will accept 90 day payment plans in some instances. Balances over 90 days will incur a 1.5% finance charge monthly. Returned checks will incur a \$25.00 fee.

I, _____ have read, understand and agree to adhere to the above office policies.

Date: _____ Patient or guardian's signature _____