

Office Policies

Patient _____

Date _____

Thank you for placing your trust in our office for your dental needs. Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important, life enhancing care. We are always available to answer your questions and/or assist you in any way we can.

We are committed to providing you with quality dentistry for life long dental health through education, utilizing advanced technology and skills in an organized professional manner. We are proud to offer you individualized care that will help you define your personal dental goals and the means to achieve them.

We kindly ask that you give us a minimum of 48 hours notice during our normal business hours when needing to reschedule an appointment. We save this time just for you and would like to be able to accommodate all of our patients. We appreciate how valuable your time is as well, and please be assured that we strive to see patients in a timely manner. A \$75.00 missed appointment fee will be charged per appointment without 48 hours notice. Voice mail recordings will not be accepted as notice of cancellation.

For our patients with dental insurance: We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage. The insurance relationship constitutes an agreement between the carrier and the patient. As such, we can make no guarantee of estimated coverage or payment. However, please know that we will do everything possible to see that you receive the full benefits of your policy. You are responsible for any amount not covered by your insurance plan.

We do not do any billing; therefore, we kindly ask that you be prepared to pay at the time services are rendered.

*Insurance estimates are not a guarantee of benefits. Any amounts not paid by your insurance will become the patient's responsibility.

Treatment estimate fees are valid only for the procedures listed. If procedures should change throughout the course of treatment, additional fees will be added on at the time of service. If you have dental insurance, we will collect the additional estimated patient portion and bill your insurance company for the balance.

Patient/Responsible Party Signature

Date