

## Notification of Office Appointment Policies

1. When an appointment is made, that time is reserved exclusively for you. We strongly encourage you to keep your scheduled appointment. If you must change your appointment, we require at least **48 hours' notice**. Failure to give 48 hours' notice will result in a **missed appointment fee of \$100**.
2. Any appointment that is cancelled with less than 48 hours' notice will require a deposit of \$100 to reschedule that appointment. This deposit will be refunded upon successful completion of the appointment or can be applied to any outstanding balance.
3. Any patient who ***misses 2 appointments without notifying our office*** will be dismissed from the practice.
4. We understand that, for larger families, it can be difficult scheduling appointments; however, we must **limit the amount of family members to 3** scheduled together on the same day. If more than 3 family members are to be seen on the same day, a deposit of \$100 will be necessary for that block of time.
5. We do our best to stay on time and request that you be on time also. Any patient who is **10 minutes** or more late may be rescheduled at discretion of the doctor. This will be considered a missed appointment.
6. One parent or guardian will be allowed in the dental operatory to accompany a child patient who is under the age of 7. All other family members (including children, grandchildren, siblings, etc.) must remain in the waiting room during all treatment due to safety concerns.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Financial Policy

**Payment in full is expected at time of service.** We will help you with using our Credit Card processing service or CareCredit financing when extensive dental care is necessary. We will be sensitive to your financial circumstances within the framework of sound business practices. We want to be concerned with your dentistry, not financial responsibilities. Additionally, certain types of appointments may require a deposit and this will be discussed prior to scheduling.

## Dental Insurance

Your insurance policy is a contract between you and your insurance carries, so we expect you to be interactive with your insurance plan and be responsible for understanding your insurance benefits. In this regard, we would like to offer the following tips:

1. For your convenience, we will submit your dental claims for you.
2. Every effort will be made to calculate your **estimated patient financial responsibility** through utilizing your insurance's "automated" system.
3. Your **estimated patient financial responsibility** is expected at the time of service. You are responsible for any amount not covered by your plan.
4. During the course of treatment, planned services may change. You are responsible for the services that are performed, not planned.

In the event your insurance carrier does not cover a service we provided or if there is a balance after your insurance has made their payment, you are responsible for the remaining account balance.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_