

Our Office Policy

Patient Responsibilities: We are committed to providing you with the best possible care and helping you achieve your optimum oral health. Toward these goals, we would like to explain your financial and scheduling responsibilities with our practice.

Payment: Payment is due at the time services are rendered. Financial arrangements are discussed during the initial visit and a financial agreement is completed in advance of performing any treatment with our practice. We accept the following forms of payment: Cash, check, or credit card.

**Please note: If you elect to apply for third-party financing, administered through our practice, we are required by law to provide you with a Credit for Dental Services Notice.*

Dental Benefit Plans: Your dental benefit is a contract between you or your employer and the dental benefit plan. Benefits and payments received are based on the terms of the contract negotiated between you or your employer and the plan. We are happy to help our patients with dental benefit plans to understand and maximize their coverage.

Dental Insurance Info: Your dental insurance is there to help cover you when you need to see a dentist. In order for our practice to give you all the information you need from your insurance we need to have the insurance information before your scheduled appointment. If you have or get new insurance it is the patient's responsibility to inform our office of the change. Please remember we send out claims as a courtesy, should insurance deny any claims or pay less than the presented estimate, the patient becomes responsible for any balance. However we are happy to help research and decipher any explanation of benefit statements.

Scheduling of Appointments: We reserve the doctor and hygienist's time on the schedule for each patient procedure and are diligent about being on-time. Because of this courtesy, when a patient cancels an appointment, it impacts the overall quality of service we are able to provide. To maintain the utmost service and care, we do require 2 business days notice to reschedule an appointment. With less than 2 business days, a fee of \$ 50.00 per patient or deposit to reserve the appointment time again, may be required. If you have to cancel an appointment please understand that we only take cancellations during business hours. To serve all of our patients in a timely manner, we may need to reschedule an appointment if a patient is fifteen minutes late or more arriving to our practice. To reschedule an appointment due to late arrival, a fee of \$50.00 per patient or deposit to reserve the appointment time again, may be required. If you the patient are running late please give us a call.

I consent and accept the risk in receiving information via email. I consent only to receiving appointment reminders via email or text. I understand I can withdraw my consent at any time. My email address is

I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Authorizations:

I understand that the information I have given today is correct to the best of my knowledge. I authorize this dental team to perform any necessary dental services that I may need and have consented to during diagnosis and treatment.

_____(initial)

I have read the above and agree to the financial and scheduling terms. _____(initial)

I authorize the release of information necessary to process my dental benefit claims. I hereby authorize payment directly to this doctor otherwise payable to me. YES / NO (Circle One) _____(initial)

I hereby acknowledge that a copy of this practice's Notice of Privacy Practices has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Notice. _____(initial)

I hereby acknowledge that a copy of this practice's Dental Materials Fact Sheet has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Fact Sheet. _____(initial)

Signature _____ Date _____