

## OFFICE POLICIES

Please take time to read and understand your insurance policy and benefits. Our goal is to help you achieve and maintain optimal dental care.

### **Cancellation Policy:**

Broken dental appointments are a disappointment to everyone, interfere with your dental treatment, and create unnecessary scheduling problems for other patients.

- In efforts to better serve you our office reserves the right to reschedule your appointment if it is not confirmed 48-hours in advance.
- If three cancelled/missed appointments occur without 48-hour notice, our office reserves the right NOT to schedule any subsequent appointments.
- If you arrive 15+ min. late, you may be asked to reschedule for the next available appointment time. **When 48-hour notice has not been given, a charge may be added to your account upon the discretion of our office.**

### **Financial Policy:**

Payments/Co-Payments for services is due at the time dental treatment is provided. Every effort will be made to provide a treatment plan for services with *estimated costs* so that you can be prepared for payment on your next visit. As a courtesy to our patients, we will file your dental insurance claims and bill your dental insurance company (if applies) for treatment you receive. However, in the event the insurance company does not pay the estimated portion of the bill, the balance will become the patient's responsibility and will be billed directly to you.

**Parent / Legal Guardian with valid ID must accompany a minor for initial exam, emergencies and recall visits. Written consent must be provided to the office prior to any visit or treatment.**

\_\_\_\_\_  
Printed name of Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Date