

Robert L. Swenson, D.D.S.

Family Dentistry

13422 Newport Ave.
Tustin, CA 92780
(714) 730-5600

**Office Policy Regarding Appointments,
Payment and Insurance**

Office hours are from 8:30 am to 5:00 pm Monday, Tuesday, and Thursday. Wednesday hours are 8:30 am to 1:00 pm. Patients are seen by appointment except in emergency situations. As a courtesy to our patients, the staff attempts to confirm appointments one or two days before. However, don't rely on this completely. It is primarily your responsibility to keep the appointment even if we have not been able to contact you. If you cannot keep an appointment, please notify this office by calling (714) 730-5600 day or night. No charge will be made for a missed appointment provided 24 hours notice is given. This courtesy on your part makes it possible to give an appointment to another patient.

Payment is expected at the time services are rendered. We accept cash, Visa, MasterCard, Discover and American Express.

We welcome most dental insurance plans; we will be happy to assist you in filing any claims. If you are covered by dental insurance, please be sure to bring this information at the time of your first appointment. In general, benefits should be assigned to us. **We require that both the deductible and co-payment (the amount not covered by insurance) be paid on the day services are rendered.** This co-payment amount may vary between 20% - 50% of the total bill depending upon the type of procedure and your insurance plan.

Insurance policies vary in the amount that will be paid toward charges. The proper relationship between the patient, the doctor, and the insurance carrier is often misunderstood. We render to you our very best care and charge you a fee for that service. Just as the insurance companies do not allow us to set their premium rates, we do not allow them to set our fees or determine our procedures. These fees and their related procedures are between you and our office. The insurance company does not enter into this relationship. Our services are provided to you as our patient. You, the patient have the final responsibility for payment of ALL fees for services and products rendered on your behalf.

I understand that Dr. Swenson's office will aid in submitting claims to my insurance company on my behalf. I also understand that I have the final responsibility for payment of all fees for services rendered on my behalf. Unless otherwise noted, I authorize payment of dental benefits to Dr. Robert L. Swenson for the services provided to me or any member of my family covered under my insurance plan.

I have read, and fully understand and consent to all of the above terms:

Signed: _____

Relationship: _____

Patient, parent or guardian who is
financially responsible for account.

Date: _____