

## PATIENT GUIDELINES

### **Your Perfect Smile Cosmetic & Family Dentistry**

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Telephone (281) 538-9300

Please read the information listed below carefully. This form is designed to assist you, our patient, in understanding our guidelines and to provide you with helpful information regarding your responsibilities.

#### **HOURS OF OPERATION:**

Drs Holt and DeVault patient hours: by appointment

#### **PATIENT CARE:**

Our goal is for you to make informed decisions regarding your care. We will thoroughly diagnose your dental needs and assist you in your decisions regarding treatment. You will receive a written copy of proposed treatment.

#### **INSURANCE:**

As a courtesy to our patients, Your Perfect Smile Dentistry will file dental claims on your behalf to your insurance company. Although we are not currently "in network" with any dental benefit plans, for patients of record we will accept payment from your insurance company. Any amounts not paid by insurance are the responsibility of the patient/account holder.

Initials \_\_\_\_\_

We do require that all new patients pay in full for their initial appointment. You will be reimbursed directly by your dental benefit plan. **Because dental benefit plans are a contract between the employer/employee and the insurance company, we are unable to guarantee the outcome of your claim and payment.** It is best for you to contact your insurance company directly for details regarding your benefits. **Please note, the design of your dental benefit plan may limit your reimbursement.**

Initials \_\_\_\_\_

**PAYMENT OPTIONS:**

After establishing yourself as a “patient of record” all patient portions are due at the time of service. We realize that every person’s financial situation is unique and different. It is for this reason that we offer a wide variety of flexible payment arrangements. Our goal is for you to retain a healthy and confident smile. We accept payments by cash, check, credit card or our special partnership payment plan through CareCredit. We agree to track your insurance claim for 30 days. At that time, any unpaid amounts will be transferred to the credit/debit card (Mastercard/Visa/CareCredit) of your choice. You will receive a courtesy call first to notify you your payment is going to be posted. Please provide the information below:

Credit/Debit/CareCredit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_, authorize Your Perfect Smile Dentistry, to charge my unpaid balance to the account listed above. I understand that I will be provided with a statement of all charges posted to this account. After that time, any payments received from your insurance company will be refunded directly to you or credited to your account for future treatment.

**CANCELED/RESCHEDULED/MISSED APPOINTMENT:**

We realize our patients have very busy schedules. We work very hard to keep your wait time to a minimum and to find appointment times convenient for you and your family. In a continued effort to accommodate the schedules of our growing patient numbers, **we require a 48 hour notice to cancel or reschedule appointments.** This allows us to offer that time to a patient who is waiting for an appointment. A missed appointment fee up to 50% of the value of the scheduled appointment and/or dismissal from the practice may apply.

**PATIENT INFORMATION:**

Please keep us informed of any changes in your contact information, address, dental benefits information and any issues that may affect who may have access to your health information.

**I understand that payment is due when services are rendered.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_