



Thomas Holehouse D.M.D
3700 Winter Garden Vineland Road
Winter Garden, FL 34787

Office Procedure

Thank you for choosing to be a part of our dental healthcare family. We are committed to high quality dentistry and comprehensive treatment of your dental needs. In order to provide this, we kindly ask that you help us by abiding by our office procedure as listed below.

Information Updates

Please keep us updated on any changes in regards to medical updates, insurance changes, address and telephone numbers.

Minor Patients

All children under the age of 18 must be accompanied by a parent or legal guardian for initial exam with x-rays and major procedures. For preventive and basic procedures, a consent form must be signed prior to treatment. At the time a minor is treated the parent or legal guardian is responsible for full payment of the service being provided whether they are accompanied by a responsible party or not.

Failed appointments

Reservation of our time in advance is a privilege we're happy to offer our patients. As a courtesy we will always call to confirm your reserved appointment. We kindly ask that you call us back to confirm your appointment. We do ask for a 24 hour cancellation notice. Broken appointments will result in a \$40.00 charge and cancellations without a 24 hour notice will be a charge of \$25.00. We do have voicemail where you can leave a message if it is after hours.

Insurance

As a courtesy we do file insurance, however your estimated portion is due at the time of service. If there is any remaining balance after an insurance payment has been made you will be responsible for the remaining balance. We do accept American Express, Discover, Master Card, Visa, Cash and Checks.

**If a check is returned to us there is a \$45.00 charge to the patient in addition to the balance.*

I have read and understand the office procedure and agree to the terms.

X _____ Date _____
Signature of the patient or responsible party

***** PLEASE SEE BACK SIDE *****