

Walnut Hill Dental

Implant and Cosmetic Dentistry

Office Policies

It is our goal to provide our patients with personalized attention, the finest dental materials and technologies, and professional staff to make each dental visit pleasant and worry free.

In order to provide this quality of dental care, we request all of our patients to pay their estimated personal cost of treatment at the time of service. As a courtesy to our patients, we will file your dental insurance claims for treatment you receive. However, in the event the insurance company does not pay their estimated portion, the balance will become the patient's responsibility.

Please take the time to understand your insurance policy and benefits. The benefits you receive are based on the terms of the contract that were negotiated between your employer and the dental insurance company, and not our dental office. Our goal is to help you achieve and maintain optimal dental health. Our office will do everything possible to help you understand and make the most of your dental insurance benefits and provide you with an estimate before any treatment is initiated. Please understand that estimates given are estimates, and may change depending on the individual insurance plan coverage.

All estimates for dental services will be valid for 30 days from the date of signed treatment agreement. Diagnosis can change from month to month if a condition is left untreated.

Past due payment policy:

A late payment fee will be charged to all accounts past 30 days and 60 days. Accounts past 90 days will be sent a collection agency.

Policies for X-rays & Photographic records:

X-rays in conjunction with a clinical exam are necessary for a thorough and accurate diagnosis and dental treatment plan. Examination x-rays are generally taken once a year for adults and every six months for children. However the frequency at which x-rays are taken will be based upon individual dental need.

Dental models and photographs may be taken to document and analyze clinical treatment. These records may be used for educational and viewing purposes by the practice. At no time will the patient's identity be disclosed.

Office Cancellation Policy:

We pride ourselves in providing adequate time for the personal attention each patient deserves. Your appointment time in this office will be reserved exclusively for you. We respect your time and make every effort to keep you from waiting. We request you provide us with at least 24 hours notice if you need to reschedule your appointment.

A \$50 NO SHOW FEE will be charged for any appointment that is not kept. A \$50 LATE CANCELLATION FEE will be charged if 24 hours notice is not given to reschedule an appointment.

Proposition 65:

California Prop 65 now requires every dentist to give each patient a copy of the information relating to materials used in the dental environment. This information is available to you in DENTAL MATERIALS FACT SHEET. It is required that all patients sign that they have received a copy of the Dental Materials Fact Sheet. If you have any questions regarding information contained within the DMFS, please feel free to bring your questions to our attention.

I have read and agree to the office policies stated above.

Signature of patient, parent or guardian

Date: _____

Signature of guarantor of payment / responsible party

Date: _____

Please initial once you have received a copy of the DENTAL MATERIALS FACT SHEET: _____

Please initial once you have received a copy of the NOTICE OF PRIVACY PRACTICES: _____