

OFFICE POLICY

Appointments

We respect our patient's time and make every effort to remain on schedule. As a result, we have found that they are, likewise, considerate of our time. Please notify us as soon as you are aware that you may not be able to make your appointment. If an appointment is missed without 24-hour notice, a fee of \$50 may be charged for the time segment specifically reserved for you.

Payment

We strive to give you the highest value in dental care. In order to keep our costs and your fees as low as possible, we request that you pay for your dental treatment when services are rendered unless prior arrangements have been made. We limit all accounts to terms of 30 days. A late charge of 1.5% (18.0% annual percentage rate) may be applied to all delinquent accounts.

We will gladly furnish you with an estimate for your treatment prior to your next visit. We understand that sometimes unforeseen dental problems are discovered after treatment has begun. In such cases treatment will be stopped and you will be informed of such changes in your treatment plan.

Your checks are gladly accepted with proper identification. And for your convenience, we also accept VISA, Mastercard, American Express and Discover.

Insurance

We will be happy to help you process your dental insurance forms at no charge. We do ask that you provide us with the necessary information. We are well-versed regarding insurance coverage and we will do everything possible to help you obtain maximum benefits.

We would appreciate payment at the time of services are rendered until eligibility has been verified. It will be your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance company.

It is important to remember that dental insurance is a contract between in insurance company and you, not our office.

Fees

You will be pleased to know that our fees are registered with Delta Dental.

The best dental service is based on a friendly mutual understanding between the doctor and patient. If any problems or questions arise, do not hesitate to bring them to our attention immediately.

I understand and hereby agree to all the above,

Signature of Patient or Guardian

Date