

Welcome to our practice! We're glad you're here.

Just a few points about our office policies:

- 1) Our practice philosophy is centered on providing you with the best care possible under the most comfortable conditions. We want to exceed your expectations. Every one of our patients is offered ideal treatment and we use the best materials available. We rely on pure scientific evidence when making decisions and strive to make each procedure as painless as possible. We know that you want the best and we want to give it to you. To do this, we treat each person 1-on-1 without interruptions.
- 2) While we do participate "in network" with some insurance plans, we are "out of network" with most. What this means is that we do not discount our fees when "out of network" and you may have higher out-of-pocket expenses. However, we will balance bill. As a courtesy to you, we will submit claims to your insurance company and wait for their portion of payment for services. Your portion is due at the time of service. Please be aware that you are responsible for the total fees generated as your coverage is a contract between you and your insurance company. Account over 90 (ninety) days old are subject to finance charges of 15% per month and collection fees.
- 3) Cancellations should be made at least 24 (twenty four) hours in advance. Your time is valuable. So is our. If you don't show up for a scheduled visit or cancel without giving 24 hours notice, this is a missed appointment. We charge a \$50 (fifty) dollar fee for the second missed appointment. After three missed appointments you will be dismissed from the practice and referred elsewhere for your oral care.
- 4) Your record is our property. You are entitled to a copy of it. There is a \$30 (thirty) dollar fee for each copy of your record. This includes transferring a copy to another dental office. The fee covers our costs for duplicating your record and must be paid before a copy is released.

Your understanding and cooperation with these policies are greatly appreciated.

Date: _____ Patient: _____