



Office Guidelines

Dear Patient:

We appreciate your selection of our office to serve your dental needs. Our office is committed to providing the best possible dental care for all our patients. We want you to enjoy optimal dental health throughout your lifetime. This statement has been prepared to give you some information about our office guidelines. Please ask the staff if you have any questions about the information.

Estimate: Before we begin your treatment, we will perform a complete examination. Based on that examination, we will give you an estimate of the total fee for your treatment. As we proceed with your treatment, we may encounter additional diagnosis that may not be apparent to us at the time of the initial examination. In that event, we will fully discuss additional finding(s) with you, including the effects, if any, on your financial arrangements. We will not proceed without your approval.

Late arrivals or Broken Appointments: Once an appointment is scheduled, we reserve the time exclusively for you; we are committed to be ready and able to provide you with the best possible service at that appointment. We expect a similar commitment from our patients. Please arrive on time so that we may best serve you and avoid any need for rescheduling the appointment. If you need to change your appointment due to some unforeseen event, please provide us with an advance notice of a minimum of 2 working days. I understand that there will be a \$75.00 fee for missed or broken appointments without 48 hours prior notice. I also understand that the cancellation of a scheduled appointment for dental cleaning may result in having to miss a regular three, four or six month appointment, or delay ongoing treatment until an appointment becomes available.

Dental Insurance: As part of our service to you, we will process your dental insurance claims for you without charging you additionally for that service. We do, however, require you to pay, on or before the date of the treatment, the estimated portion of fee that may not be reimbursed by the insurance. Also, your insurance is an agreement between you and your insurance company, and regardless of your coverage status, **you are ultimately responsible for all fees incurred by you;** we are accepting assignment of your reimbursement benefit from your insurance company as a courtesy to you only.

Please be aware that the actual amount your insurance reimburses may be different from the amount we estimate and that an estimate or predetermination of insurance reimbursement benefit is not a guarantee of payment. Also lack of coverage only means that some procedure is not a benefit of your dental plan; it has nothing to do with whether or not you need the treatment. If for some reason your insurance company has not paid the appropriate reimbursement within 60 days from the date of service, you agree to pay the full amount within 10 days of notice by our office. Although we do all we can to facilitate the insurance process on your behalf., you must ultimately take up any insurance issues with your insurance company.

Payment of Fees Charged/Financial Arrangements and Agreement: Full payment of fees are due on the day of service, unless you have authorized insurance reimbursement benefits that have been assigned to our office. In that case, you must still pay the portion estimated to be not covered by your insurance benefits. Listed on the next page are the methods of payment offered by our office. The extended payment plan(s) offered are available with prior approval. There will be a finance charge of 1.50% per month (18% APR) on any account balance that is not on the payment plan and is over 60 days old. We reserve the right to assign any account to an outside collection agency or given to an attorney, the prevailing party shall be entitled to reimbursement for reasonable attorney's fee and the cost of collection.