



## **Welcome to the practice!**

### **Office procedures:**

Our main concern is our patients' dental needs. We do our best to select a day and time that best suits your dental needs. Our normal office business hour is 7a.m.-6p.m Monday, Tuesday, and Thursday, 7a.m.-4p.m. Wednesdays, 7a.m.-2p.m. Fridays, 8A.M.-12p.m. If you need to change your appointment, we ask that we receive a twenty-four-hour cancellation notification to avoid a \$50.00 cancellation Fee.

### **Prevention:**

The most important part of dental treatment is preventing disease before it starts. Regular cleaning and check-up appointments are the key to healthy teeth and gums. It is our office policy to take a full mouth x-ray/s on all new patients. If you have recently had x-rays taken please inform us immediately. We would like to obtain your old records and x-rays if possible, from your previous dentist prior to your appointment.

### **New Patients:**

Our practice is always accepting new patients! We will always welcome new friends and family to our practice. Thank you for recommending us!

### **Financial Agreement/Dental insurance:**

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. Please advise us of your insurance coverage and/ or any changes to your coverage that may occur. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payments for all services, not covered by insurance, are due at the time services are rendered. We Accept cash, visa, Mastercard, Discover, and third parties such as lending club and CareCredit. We are also more than happy to discuss your proposed treatment and any questions you may have regarding insurance.

Your insurance is a contract between you, your employer and the insurance company. We are not party to that contract.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Services not covered by your policy are your responsibility. We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us

promptly for assistance in management of your account. If your account becomes delinquent, it may be forwarded to an outside collection agency. If this happens, you will be responsible for all costs of collections, including but not limited to interest, rebilling fees, court costs, attorney fees, and collection agency cost.

**AUTHORIZATION:**

I understand that I am responsible for all costs of dental treatment. I hereby authorize the Dental Office to administer such medications and perform such diagnostic, photographic, and therapeutic procedures as may be necessary for proper dental care.

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Signature of Patient or Responsible Party

Date