



## OFFICE POLICIES

We want you to feel comfortable with your dental care and that includes feeling satisfied with our office policies. Please read each line below. If you have any questions with these policies, please do not hesitate to ask our business staff.

**DENTAL INSURANCE:** *Fees for non-covered services, deductibles, and co-payments are due at the time of treatment.*

As a courtesy we will gladly file your claims based on your dental insurance benefits and do our best to estimate costs of services. All fees not paid by your insurance are your responsibility regardless of the reason for nonpayment. Not all the services we provide are benefits covered by insurance.

**MINOR PATIENTS:** *The parent or guardian accompanying the minor is responsible for full payment.*

Our office will not attempt to collect payment from a parent that is not present in the office at that visit. In the case of divorced or separated parents, the accompanying parent is responsible.

**OVERDUE BALANCE:** *All account balances are required to be paid in full within 30 days of service.*

Any patient with an overdue balance will not be allowed to schedule additional appointments until the balance is paid in full. We understand temporary financial problems may affect timely payment of your balance. In those situations we ask that you communicate with us immediately so we may assist you in the management of your account.

**BROKEN OR MISSED APPOINTMENTS:** *We reserve the right to cancel any appointments not confirmed within 24 hours notice.*

In order to properly serve our patients during the current atmosphere in all healthcare fields, we now require that you communicate a confirmation for each scheduled appointment. Arriving 15 minutes late to your appointment will result in a cancellation. We appreciate your efforts to either confirm or reschedule each appointment at least 24 hours in advance to avoid a missed appointment fee of \$50.00. We reserve the right to terminate professional treatment of any patient when scheduled appointments are not kept.

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Patient (PRINT NAME)

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Patient SIGNATURE

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DATE