

APPOINTMENT POLICY

APPOINTMENTS BOOKED ARE CONSIDERED CONFIRMED. WE HAPPILY ACCOMMODATE YOU WITH A REMINDER EMAIL AND/OR TEXT MESSAGE WHICH YOU ARE ABLE TO RESPOND TO SO WE KNOW THE MESSAGE WAS RECEIVED. WE WILL HAPPILY CALL YOU IF YOU PREFER; PLEASE LET US KNOW IF THIS IS THE CASE! IF WE HAVE NOT BEEN ABLE TO CONTACT YOU PERSONALLY, WE WILL STILL EXPECT THAT THE APPOINTMENT WILL BE KEPT.

IN RETURN, WE ASK THAT YOU RESPECT THE TIME WE HAVE RESERVED FOR YOU AND IF YOU FIND YOU HAVE A CONFLICT AND ARE UNABLE TO KEEP AN APPOINTMENT, KINDLY LET US KNOW AT LEAST 2 BUSINESS DAYS PRIOR TO YOUR APPOINTMENT TIME.

IT IS OUR POLICY TO CHARGE \$45-\$120 PER HALF HOUR FOR ANY APPOINTMENT CHANGED WITHOUT SUFFICIENT NOTICE OF 2 BUSINESS DAYS.

INSURANCE COVERAGE

DUE TO MANY CHANGES IN INSURANCE POLICIES, IT IS NO LONGER AN EASY TASK TO INTERPRET EACH INDIVIDUAL POLICY. ALTHOUGH WE TRY TO STAY AWARE OF CHANGES, IT IS NOT ALWAYS POSSIBLE.

WE ARE HAPPY TO CALL YOUR INSURANCE AND VERIFY YOUR BENEFITS, ALTHOUGH IT IS YOUR RESPONSIBILITY TO KNOW YOUR INDIVIDUAL COVERAGE AND MAXIMUM LIMITS. PLEASE NOTIFY US OF ANY CHANGES IN YOUR POLICY.

PRE-AUTHORIZATIONS ON ANY MAJOR TREATMENT WILL BE DONE AT YOUR REQUEST. THIS PROCESS CAN TAKE ANYWHERE FROM FOUR TO SIX WEEKS AND STILL DOES NOT GUARANTEE THAT THE INSURANCE COMPANY WILL PAY THE EXACT AMOUNT THAT THE PRE-AUTHORIZATION INDICATES. YOU WILL BE GIVEN AN ESTIMATE BEFORE ANY DENTAL WORK BEGINS. OUR OFFICE FEES MAY DIFFER FROM YOUR INSURANCE COMPANY'S FEE SCHEDULE, WHICH OCCASIONALLY RESULT IN YOUR CO-PAYS BEING HIGHER OR LOWER THAN PREDICTED.

PLEASE REMEMBER THAT YOUR INSURANCE POLICY IS A CONTRACT BETWEEN THE INSURANCE COMPANY AND YOU OR YOUR EMPLOYER. DENTAL TREATMENT IS A TRANSACTION BETWEEN YOU AND US AND YOU ARE ULTIMATELY RESPONSIBLE FOR ALL TREATMENT COSTS INCURRED REGARDLESS OF ANY INSURANCE PAYMENT OR NON PAYMENT.

PAYMENT

PAYMENT OF YOUR EXPECTED FEE FOR ALL SERVICES IS DUE AT THE TIME OF SERVICE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE PRIOR TO THE APPOINTMENT.

RETURNED CHECKS

THERE IS A \$30 FEE FOR ALL RETURNED CHECKS.

SIGNATURE _____ DATE _____