

OFFICE POLICY

Thank you for choosing us for your dental needs. We are committed to your treatment being successful. We will do everything that we can to be sure that you have the most pleasant and comfortable experience possible.

The following are the rules that this practices lives by and we are asking that you comply with:

1. PAYMENT.

We accept cash, check, Mastercard, Visa, Discover and American Express

- For exams, cleanings and x-rays, we request full payment at the time of the appointment.
- For surgical procedures; we offer extended payment plans and options. In order to obtain the best service possible, payments must comply with the financial arrangement that you have agreed to. Failure to pay on time will result in delay of treatment.

2. CANCELLATIONS.

When making an appointment with this office, a substantial amount of time is reserved for you. We ask that you arrange your schedule in such a way that you are able to make it for every appointment that you have scheduled.

For Exams, cleanings and follow-ups, we require at least 2 days notice to reschedule or cancel, otherwise a fee will be charged at a rate of a normal office visit that must be paid before making another appointment. To reserve an appointment for surgery, a \$200 non-refundable deposit is requested. This amount will be applied towards your final balance the day of the surgery. Surgery appointments require at least 1-week notice to reschedule or cancel; otherwise the \$200 deposit must be paid again before making another appointment.

3. INSURANCE

We are proud to inform you that we are not an "In-Network" provider, meaning that we do not let your insurance dictate the treatment, quality of service or care that you need. Instead, our doctors will recommend treatment based on your specific needs. However, we will be happy to prepare your claim and help you receive the maximum allowable reimbursement from your policy. We can also file the claim on your behalf, and will do so electronically when possible. If your insurance company has not sent payment regarding your claim within 60 days for your appointment, we will contact you to arrange a payment plan until the insurance matter has been resolved. This ensures your account remains in good standing and does not reflect as negligent on your overall credit.

I understand and agree my treatment at this office does not include the making of restorative work such as crowns, bridges, dentures or partials.

I have read, understand and agree to the above-mentioned policies.

Responsible Party

Date