



Welcome to our office! This letter is to acquaint our patients with our general office policies and procedures and to avoid any possible misunderstandings.

1. Our responsibility is to you, the patient. We practice preventive dentistry and stress the importance of regular care to help you in your goal to achieve and maintain dental health.
2. Although we accept dental insurance, the payment for services is the personal responsibility of the patient, not the insurance company. We can approximate the portion of the amount the insurance company will pay. We do expect a co-payment at each visit ranging between 10% and 50% of the services rendered depending on coverage for that particular service. YOU are responsible for knowing all benefits and restrictions of your dental insurance policy. In the case of a divorce or separation, the parent who brings the child to the appointment will be held responsible for co-pay, if insured, or balance due for services rendered, regardless of who has custody of the child.
3. Should a balance on your account occur, the net is due upon receipt of a statement. Amounts not paid prior to the next billing date are subject to a monthly re-billing charge. If a credit should occur on your account after all insurance payments are in, we will gladly refund the difference to you or leave the credit on your account as a co-payment for future services.
4. We also honor Visa, MasterCard, Discover, American Express, HSA, Debit Card, CareCredit, Apple Pay and Google Pay. Payment is due at the time services are rendered.
5. We try to see our patients as promptly as possible, however, there are times when emergencies arise and we are unavoidably delayed. We hope you understand during these circumstances.
6. We ask that our patients please give at least 24 hours notice when rescheduling an appointment. Failure to do so may result in a broken appointment charge of \$50.00.

Our goal is to make your dental appointments as comfortable and pleasant as possible. If you have any questions or suggestions, please feel free to discuss them with us.

I have read and understand my responsibilities listed in the above policy.

Signature

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Today's date

