

OFFICE POLICY & PROCEDURES

Welcome! We are pleased to have you as a patient in our office and look forward to providing you with optimal treatment for your special dental care needs. Whether your needs are simple or complex we are committed to provide you service to the best of our abilities. So as to avoid misunderstandings we have listed some office policies formulated to allow us to fully concentrate on providing you with the best dental service available:

1. **Confirmation of Appointments:** As a courtesy to you and only at your request we will be happy to call one to two days before your appointment to remind you of your reserved time. This is a reminder only. If you need to change your appointment this must be done with at least 24-hour advanced notice or a broken-appointment charge will be assessed.

2. **Broken Appointment Policy:** Any appointment not cancelled with 24-hour notice is considered a broken appointment and a \$45 per 1/2 hour fee will be charged to defray the cost of maintaining the time available in the clinic for you. **Patients with three or more broken appointments will be discharged from this office.**

3. **Prepayment:** All complex treatment or sedation appointments or are to be paid in advance when reserving the time for that appointment on the doctor's schedule.

4. **Emergencies:** During office hours, please call and you will be given the earliest emergency appointment available on the schedule. After office hours, you may call the office to obtain the emergency pager number and someone will contact you as soon as possible.

5. **Treatment Plans:** The Treatment Plan is only an estimate of total treatment. Actual treatment and its attendant costs may change due to unforeseen circumstances arising before treatment, at the time of treatment, or post treatment. Any changes and cost differences will be communicated to you for your approval prior to beginning any new course of therapy.

6. **Insurance:** Your insurance is not a guarantee of payment. While we make every effort to submit the necessary forms and collect insurance on your behalf, you are ultimately responsible for payment of services rendered.

I have read or had explained to me the items contained in this overview.

PATIENT OR GUARDIAN SIGNATURE

DATE