

Cooper City Family Dentistry
5900 Hiatus Road #300 Cooper City, FL 33330

OFFICE POLICY & PROCEDURES

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

1. When you schedule an appointment with us it is considered a **confirmed reservation**. **It is your responsibility to make it to your scheduled appointment.** When you schedule an appointment, we reserve and hold a chair for you for a minimum of one hour. As a courtesy to you we will be happy to text, email, and/or call two to three days before your appointment to remind you of your confirmed reservation.

2. If you need to change your appointment this must be done with at least 48-hours advanced notice. Any appointment not cancelled with 48-hour notice is considered a ***broken appointment***. Patients with multiple broken appointments will not be allowed to schedule appointments in advance may be discharged from this office.

3. **Treatment Plans:** The Treatment Plan is an **estimate** of the 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.

4. Insurance: Your insurance or dental benefit is not a guarantee of payment. Many times your insurance company will not pay their portion of rendered treatment. While we make every effort to submit the necessary forms and collect insurance payments on your behalf, **you** are ultimately **responsible for payment** of all services rendered. **Therefore if the insurance company comes up short, you are required to pay any and all remaining balance.** Please understand any delinquent balances will be handled by collection agency and may negatively impact your credit. ***Please note that co-payments will be collected on the day your services are rendered, and are not covered by your insurance or dental benefit.***

What is the best way to get in touch with you that makes it easy for you to respond?

Cell phone: _____ Voice / Text

Email: _____

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

PATIENT OR GUARDIAN SIGNATURE

DATE