

Thank you for choosing us as your dental provider. We are committed to providing you with quality care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this office policy. Please read it, ask any questions that you may have, and sign in the space provided.

Insurance – We participate in most insurance plans. If you are not insured by a plan we are partnered with, payment in full is expected at each visit. If you are insured by one of our plans, but we are unable to verify up-to-date coverage, payment in full for each visit is required until we can verify your coverage. Though we do try to assist you in understanding your insurance, knowing your benefits is your responsibility.

Co-payments and deductibles – All co-pays and deductibles must be paid at the time of service unless other arrangements have been made prior to your appointment.

Non-covered services – Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable and necessary by your insurance company. You must pay in full for these services at the time of visit.

Coverage changes – If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will be automatically billed to you.

Missed appointments – We require 2 business days notice for any cancellation or reschedule. There will be a charge for late cancels, late reschedules or no show based on the type of appointment and amount of time that was reserved for you. These charges are your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment.

Late arrivals – If you arrive for your appointment after your appointment time, you may be offered an alternative appointment time or be rescheduled for another day. A missed appointment fee will apply. If we are only able to complete a portion of your cleaning there will be an additional fee for the second appointment that may not be covered by your insurance company.

I have read and understand the office policy and agree to abide by its guidelines.

Patient/guardian signature

Date