



Office Policies

****PLEASE READ – THIS IS THE IMPORTANT STUFF****

BILLING

We will bill your dental insurance for treatment but if they do not pay **you are responsible for your bill**. We see patients with hundreds of different dental plans and cannot know the fine print on all of them. Our estimates of copayments are usually very accurate but sometimes there are surprises. To avoid this, it is in your best interest to investigate and understand your specific insurance policy.

Payment of your estimated portion is **DUE ON THE DAY OF TREATMENT**. Let us know before your appointment if you need to set up a payment plan. Please come prepared with cash, check or credit card. If your insurance company does not pay within 90 days, you will be billed. If we overestimate your copay, we will give you a refund.

Please sign below to indicate you agree to be responsible for your bill and pay estimated copays on the day of treatment. Your signature also authorizes us to bill your insurance carrier and receive payment from them directly.

Signature _____ Date _____

APPOINTMENTS

We will remind you by email and/or phone about upcoming appointments. Please reply to these messages to confirm your appointment so we know you haven't forgotten. We understand that stuff comes up and people miss appointments unexpectedly. However, we are a small office that depends on people showing up most of the time. If you fail to show for an appointment or cancel less than 24 hours in advance more than once, you will be put on "stand-by status". This means you can only schedule **one day in advance if there is an opening**. We feel this is nicer than charging you a fee for a missed appointment. Please do us the courtesy of confirming appointments and calling if you'll be late or can't make it – we really appreciate it!

Please initial here if you've read this far: _____

Thanks for taking the time to read this. We are happy to have you as a patient!