

OUR OFFICE POLICY

Thank you for choosing us as your dentist. Your oral health is important to us. We welcome any questions you may have.

APPOINTMENTS: You have your choice of dentist for treatment. Should you have an emergency during office hours, one of the doctor's will be happy to see you if your doctor of choice has a full schedule or is out of the office. After hours there is a doctor on call that's left on our recorder at the end of the day.

PAYMENT: Payment is expected in full at time of services rendered. Lab cases (crowns, partials, etc.) will require a deposit of half at prep appointment. Balance is due when your work is completed. We have financing through Care Credit or Wells Fargo.

INSURANCE: Insurance is done by our office as a courtesy. We are not a PPC provider of any type of insurance. We will begin working with your insurance when you become an established patient, which is considered your first cleaning appointment. Please bring your dental insurance information with you. Deposits are asked for all lab work. Your deductible and percentage at each visit please come prepared with payment of cash, check, or credit card. You may owe in addition to the estimated amount we ask for up front due to what your insurance allowance fee is. Your insurance will only pay a percentage of what they allow not of what we charge. Payment is expected within 45 days from date of service. If your insurance has not paid, you will be asked to pay at that time and we will be happy to help you get reimbursement from your insurance company. We do not file or wait for payment from secondary insurance. Payment is due after primary payment or within 45 days, whichever comes first. We recommend what you need for your oral health not for what your insurance will pay for. We will be happy to do a pre-estimate of your treatment before major work is done. This takes 2-6 weeks for a replay and you should wait to hear from your insurance or us before you begin if you need to know how much you will have to pay. If you have a dental handbook we will be happy to review it with you by appointment. **THANK YOU.**

I HAVE READ THE ABOVE AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL PAYMENTS OF SERVICES RENDERED.

Name _____ Signature _____ Date _____