OFFICE POLICIES

Missed Appointments: We have set aside time for you in our schedule and possibly turned away other patients wishing to be seen, so we ask for at least 48 business hours' notice for appointment cancellation. The fee for late cancellations is $200 per hour for surgical appointments and $75 per hour for all other appointments.

Confirmation: We have a service that will email or call you two weeks prior to your appointment. If you don't confirm at that time it will try to contact you 2 days before your appointment. Let us know how you would like to receive confirmations if another way is more affective.

After Hours Calls: Our office hours are Tuesday through Friday from 7:00am to 4:00pm. The on-call doctor is available to take calls after hours for **urgent or emergency calls only. Please do not call the on-call doctor for refills, lab or x-ray results or to schedule or cancel an appointment.** We ask that you call for the above requests during office hours.

Prescription Refills: Prescription refill requests require a 24-hour turn around. If you have an emergency please let us know and an exception can be made.

Financial Policy: After examination and evaluation, you will be given **an estimate of charges** for future treatment. As a courtesy to you, we will automatically submit claims to your dental benefit provider if applicable, and try to obtain the maximum coverage for the care you receive in our office. As you are aware, you or your employer purchased your dental benefits package. The benefits that you receive are between you, your employer and the third party benefit carrier. Please familiarize yourself with the specific restrictions and limitations included in your plan, as this will help you determine the extent of your coverage.

Our office does not offer in-house payment plans we are happy to assist you in arranging a plan with Care Credit.

Payment for any service is due on the day it is provided to you. Financial commitments should be clearly understood before commencing treatment.

Patient Signature:_____ Date: _____