



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**. 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. If you need to know the exact amount of your copay before treatment, you may request that we send a preauthorization to your insurance.

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 overestimated 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.

APPOINTMENTS

We will remind you by email, text, and/or phone about upcoming appointments. Please reply to these messages to confirm your appointment so we know you haven't forgotten. If we do not receive a reply, we may have to cancel your appointment. We understand that unexpected events come up and people miss appointments. 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!

Signature _____ Date _____

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