



Office Policies

New Patient Paperwork

Please complete the new patient paperwork prior to arriving at your appointment. When you do not do this, it delays your appointment and other patients after you.

Missed Appointments

Our goal is to provide quality care to all of our patients. When an appointment is scheduled, a block of time in the doctors' schedule has been allotted for you and your family. We understand that your time is valuable and so are your commitments. Please schedule accordingly. Due to high demand for after school and Saturday appointments, limited spacing is available.

We reserve the right to charge an initial \$50.00 fee for any appointment that has not been canceled or rescheduled within 48 hours prior to the scheduled appointment time.

Late Appointments

All patients that arrive more than 15 minutes late for a scheduled appointment, it may be rescheduled and charged a failed appointment fee. This does not apply if prior arrangements have been made.

Customary Diagnostic and Preventative Services

All patients are recommended to have an exam, a dental cleaning and a professional fluoride application minimally on a biannual basis. Dental check-ups periodically will involve radiographic films when age appropriate and will be taken with a frequency supported by the guidelines of the American Academy of Pediatric Dentistry.

Unable to COMPLETE Treatment

If we are unable to complete treatment due to behavior; there is a \$50 Behavior Management Fee AND if Nitrous Oxide (N₂O) is also being utilized, an additional \$150 will be applied.

Scheduling Treatment Appointments

When reserving an appointment for any diagnosed treatment, all patients will be responsible for paying 50% of the estimated out-of-pocket cost, in order to hold the appointment spot.

Financial Responsibility

Your signature on this form acknowledges that you, the patient, parent, or legal guardian, agree to bear full financial responsibility for all services provided if:

1. You are determined not to be eligible for insurance coverage.
2. The services are not a covered benefit under your plan.
3. There is a patient portion determined by your insurance plan.

Please keep in mind that any estimates presented to you for dental treatment is only an ESTIMATE of what your insurance company will pay. Financing options are available.

Returned checks

A fee of \$35.00 for returned checks returned to us for any reason. Future services will require payment by cash or credit card.

Signature _____ Date _____