



Your dental health is our main focus. We take pride in treating our patients as we would treat our family. Our mission is to provide our patients with the highest quality dental care, with careful attention to detail and personal respect.

Financial Policy

We work with all insurance companies and accept most major dental insurance PPO plans. As a courtesy to our patients, we provide a complimentary benefits check. We do our best to verify your dental insurance benefits, but ultimately you will be responsible to know your benefits. Dental insurance is not a guarantee of payment. Balances not covered by dental insurance will be the patient's responsibility. Our office provides you with an estimated co-payment before scheduling dental work. We accept cash, checks, Care Credit, Green Sky, and most major credit cards. Please remember, dental insurance is designed to assist you with your dental expense – it is not meant to determine your dental care.

Please read the following information concerning composite restorations (white fillings) on posterior teeth:

1. Your dental benefits may or may not cover all the costs of restorations, substituting payment for amalgam (mercury/silver) restoration instead.
2. You are personally responsible for any difference in the fee between amalgam and composite restoration.

You are expected to pay your, or your dependent's estimated co-payment or deductible at the time of scheduling. You are financially responsible and may be billed for any outstanding balance not covered by your insurance.

Treatment appointments require a full co-payment made the **day of scheduling**.

All returned checks are subjected to \$30.00 fee.

Office Policy

Your appointment is time reserved just for you. It is not our policy to double book patients. If for any reason you cannot keep your reserved appointment, please give us **2 business days** notice. Your appointment must be confirmed by you **2 business days prior to your appointment** otherwise your appointment will be available to the other patients.

We reserve the right to charge \$75.00 per hour for any missed appointments, or last-minute cancelations.

Patient name: _____

Patient signature: _____

Date: _____