

Our Practice Statement

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the busy scheduling needs of all our patients. In return we ask that patients make every effort not to change reserved dental appointments. Broken and missed appointments create scheduling conflicts for patients, as well as the practice. If you find that you must change your appointment, we require a minimum of 24-hours notice, so we may accommodate another patient.

A \$75.00 charge will be applied for broken and missed appointments within 24 hours. Thank you for your cooperation on this matter.

Our Responsibility:

- Complete the insurance claim forms and submit them to your carrier on your behalf for you within 24 hours of your treatment
- To keep your radiographs up-to-date and follow the ADA recommendations and guidelines regarding frequency of radiographs: Panoramic/Full Mouth Series every 3-5 years. Bitewings/2 PAs taken at yearly check ups.

Your Responsibility:

- To pay fees and copayments not covered by your plan at the time of treatment
- Keep track of insurance used so as not to go over maximum allowance
- To provide our office with necessary information concerning your insurance coverage to allow the correct filing of your claims
- To understand that your plan is a contract between your insurance carrier and you
- We thank you for choosing our office and we will do all we can to help you obtain the benefits you deserve. Please sign the form below, we will keep one copy in your chart and upon request give you a copy.

Sign:

Date: