

# General Office Policies

1. Office hours are Monday through Thursday, 8:00 a.m. to 5:00 p.m.
2. It is our philosophy to be a practice built on preventative rather than emergency dentistry and all treatment plans will reflect this.
3. It is suggested that each patient is seen every six months or as needed to insure that preventative measures are taken in a timely manner.
4. New patients need to arrive 15 minutes early to take care of necessary paperwork.
5. Broken appointments require a 48-hour notice. Our office reserves the option to charge a fee for each late cancellation and/or not showing up for a scheduled appointment. Patients who repeatedly break scheduled appointments may be subject to making arrangements by short notice only. If you are running behind or see that you will be running behind for a scheduled appointment, please contact our office to let someone know when to expect you.
6. We file insurance claim forms as a courtesy to our patients. Patients who are covered under dental insurance are responsible for their estimated portion of the services rendered on the day that services are started, including deductibles. Patients without dental insurance are responsible for full payment of dental services the day services are started unless prior financial arrangements have been made and confirmed. In the event your insurance provider does not pay for services for any reason, it is your responsibility for payment in full. Please review and know your policy for covered and non-covered benefits.
7. Our greatest concern is your complete oral health. Anything we do or say will be centered upon that philosophy.
8. If you have any changes in your personal, medical or insurance information, please make sure the information is given to an office member as soon as it is available.
9. Due to limited seating, we would appreciate if you bring a maximum of two friends or family members to accompany you on your day of service.
10. Thank you in advance for selecting our office!

I have read and understand all of the above policies.

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Signature of Patient/Guardian

Date