

IMPORTANT OFFICE POLICY INFORMATION

If you have Insurance it is your responsibility to check the following;

- A. Eligibility
- B. Effective Date of your insurance and termination date if applicable.
- C. Type of coverage YOU & FAMILY have.

As a courtesy, we will help you to confirm these items.

WE WILL NOT BE ABLE TO TREAT YOU UNTIL INSURANCE BENEFITS ARE VERIFIED UNLESS YOU AGREE TO BE RESPONSIBLE FOR ALL TREATMENT FEES.

In seeking to provide you the best care possible, this office **NO LONGER** handles **SILVER FILLINGS (AMALGAM)/MERCURY FILLINGS**. This may translate into a extra Co* payment for fillings due to the fact that **MOST** of the insurances will only cover the alternate benefit of Amalgam.

When an impression of a crown is taken and sent out to the Lab you agree to be responsible for the payment of the full amount of that crown. If you do not commit to your appointments for the insertion of the crown you are still responsible for the payment of the full amount. If you have any concerns or questions, please address them to the doctor **BEFORE** your treatment. All of our performed dental services warranty are up to 6 months after that period of time new charges will be applied on patient's account.

If **ANY** portion of the treatment is **NOT COVERED** by your insurance, **YOU WILL BE RESPONSIBLE FOR YOUR BALANCE AT THE TIME OF YOUR VISIT.**

In order for us to release dental records an authorization form has to be signed by patient or guardian, also a \$25 non-refundable fee will be charge to each patient that requests records. It takes 5 to 10 business days to get your records.

THERE WILL BE A \$35 CHARGE FOR CHECKS RETURNED INSUFFICIENT FUNDS

YOUR CO*PAY IS DUE AT THE TIME OF YOUR VISIT

BE ADVISED THAT NEGLIGENCE IN COMPLAINEE MAY INCUR YOU EXTRA CHARGES.

Patient Signature _____

Print Name _____

Date _____