

Welcome to Our Practice

Thank you for choosing us as your experts in Periodontal and Dental Implant care. Our goal is to provide you with individualized state-of-the-art treatment in a caring and comfortable atmosphere. We do realize that financial concerns are often unavoidable. Therefore, in order to better serve you, our Office Policies are presented here for your information and understanding.

- I. **PATIENT INFORMATION:** All patients must complete our Patient Information form prior to seeing the Doctor.
- II. **FINANCIAL POLICY:** After the Doctor completes his evaluation, one of our Financial Coordinators will discuss professional fees with you, as well as your insurance (if applicable) and financial arrangements. **Payment in full is required at the time of service.**
 - a. We accept cash, checks, money orders as well as Visa, Mastercard, Discover and American Express.
 - b. Long-term financing with low monthly payments, low interest, and interest-free options for up to 12 months are available with Care Credit and Wells Fargo application and acceptance.
- III. **REGARDING INSURANCE:** Our office understands the value of insurance benefits to our patients and we gladly accept assignment of insurance benefits, as a service to you. Your insurance policy is a contract between you and your insurance company. We are not a party in that contract. We will do our best to estimate your deductible and the portion that will be covered by your insurance carrier. However any balance remaining is your direct responsibility. This includes any non-covered services, yearly deductibles, or co payments particular to your individual insurance plan. Since it would be impossible for us to be familiar with the details of every insurance plan, we ask that you be aware of your financial responsibilities under the terms of your policy. Our practice is not contracted with any insurance company. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- IV. **MINORS MUST BE ACCOMPANIED BY AN ADULT:** Any patient under 18 years of age must have consent from a legal guardian before treatment can be started. The adult accompanying a minor and his/her parents or guardian. Are responsible for full payment at the time of service.
- V. **SURGICAL APPOINTMENT DEPOSIT:** Our office requires a **non- refundable deposit** to secure your exclusive surgical procedure appointment as follows:
 - a. **Dental Implant Surgery:** 35% of the total fee at the time of the appointment is made.
 - b. **Periodontal Surgery:** 35% of your estimated copayment at the time the appointment is made.
- VI. **MISSED APPOINTMENTS:** This office requires notice of cancellation on surgery appointments 48 hours prior to surgery. When your appointment is made, we have set aside that time exclusively for you. When a patient does not show up for the appointment or cancels at the last moment, other patients are deprived of that treatment time. **Cancellations with less than 48 hours notice will result in a forfeiture of your 35% deposit.**
- VII. **TRANSFER OF RECORDS:** There will be a \$25.00 fee for duplicating radiographs and records for another provider. Texas State Law requires we keep all originals in our office for no less than 5 years.

If you have any questions or concerns, please ask our friendly and knowledgeable staff.

I have read the Office Policy. I understand and agree to this Office Policy.

Signature: _____

Printed Name: _____

Date: _____