



Office Hours

Monday, Wednesday, Friday 7:00 am to 3:30 pm
Tuesday 7:00 am to 6:00 pm
Thursday 7:00 am to 4:00 pm

Emergency Care

We provide twenty-four (24) hour dental emergency care for our patients. Calls received early in the day will usually permit us to arrange for emergency treatment that same day. Should problems arise after working hours or on weekends, our office number (528-5577) will have information to reach our on-call doctor.

Financial Policies

- Fees are payable in full at the completion of each appointment. We accept cash, checks, Visa, Master Card and Discover.
- A service charge of \$25.00 will be assessed on all returned checks.
- Individual financial arrangements can be made for patients requiring extensive treatment.
- Account balances over 90 days will be assessed a finance charge of 18% APR.
- Should this office find it necessary to employ an attorney or collection agency to enforce payment for services rendered, the patient agrees to pay reasonable attorney's fees, court costs, and interest incurred for such enforcement.

Patients with Dental Insurance

We accept assignment of insurance claims. We do stress that insurance is an agreement between the individual and their respective insurance company. The ultimate responsibility of payment for professional services remains that of the patient.

Our office will submit insurance claims to your insurance company on your behalf. If we submit insurance for you, payment of most benefits will be made directly to this office. The patient's co-payment and/or deductible, as well as your *estimated* portion of the fees are due at the time of treatment.

Office Cancellation Policy

Out of respect to all of our patients and health care providers, our office has established a forty-eight (48) hour business day cancellation policy. Unless a canceled appointment without a 48 hour business day notice can be filled, a \$65.00 cancellation fee will be your responsibility. Your time is valuable to us, as is ours. We strive to keep our appointments on schedule and expect promptness and dependability on your part. We appreciate your cooperation.

I verify that I have read and do agree to abide by the office policies set forth above.

Signature _____ Date _____

ESTHETIC **f**AMILY **D**ENTISTRY, LLC

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