



## Office Hours

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

## Emergency Care

We provide twenty-four (24) hour 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 each appointment. We accept cash, Checks, Visa, and Mastercard, Discover, American express and Care Credit.
- A service charge of \$25.00 will be assessed on all returned checks.
- Treatment requiring 2 hours or more will require a 1/3 down payment to reserve an appointment time.
- 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.

## 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 (or in advance).

## 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. If you cancel your appointment without a 48 hour business day notice, a \$90 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 agree to abide by the office policies set forth above.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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