

MISSION STATEMENT

Our mission is to provide quality dental treatment in an atmosphere of care and compassion. Our experienced, professional team is dedicated to providing restorative, cosmetic, and emergency dental care, for you and your family. We will provide signature customer service, as well as educate and guide you, to insure optimal dental health for each patient we serve.

GENERAL

Welcome to our office and thank you for choosing our dental practice as your dental care provider. We appreciate the confidence and trust that you have placed in us. We truly care about our patients and we want you to feel comfortable with our entire staff.

Please take a moment to review a few key policies below:

PAYMENT

Payment is always expected at the time of treatment unless we know your insurance will be paying 100%. All options for payment will need to be discussed with one of our Scheduling Coordinators or our Business Administrator.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AND DISCOVER.

TREATMENT PLANS

If it is discovered that you need any dental treatment, a treatment plan with an **ESTIMATED** co-pay, will be prepared prior to the beginning of any procedures. Treatment could be altered if your dental needs change. The patient will be notified of any changes in treatment.

DENTAL INSURANCE

Our office will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. Few insurance companies attempt to cover all dental costs. Some pay fixed allowances for certain procedures, while others pay a percentage of the charge. Therefore, you will be expected to pay your deductible and your **ESTIMATED** co-payment on the day services are rendered unless other financial arrangements are approved. Many variables exist from carrier to carrier (i.e. deductibles, annual maximums, allowable fee limitations, non-covered procedures and other restrictions); therefore, we cannot guarantee any estimated charges. Because your insurance is an agreement between you and the insurance company, ultimately you are responsible for all the charges. Please know that we will do everything possible to see that you receive the full benefits from your insurance company. If for some reason your insurance company has not paid their estimated portion within 3 months from the start of treatment, you are responsible for payment in full at that time.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

MISSED APPOINTMENTS

The time you reserve with us is yours and yours alone. In the event that you will not be able to keep your appointment, we respectfully request you to notify a Scheduling Coordinator at least 24 hours prior to your scheduled appointment date. Of course, emergencies do happen--and we understand. Please help us serve you better by keeping scheduled appointments. Should you continually fail or miss your appointments, we have a "3 times and you're out" policy.

DELINQUENT PAYMENTS

It is our policy to charge finance fees at 1.5% for outstanding patient balances after balance has been outstanding for 60 days. In addition, all payments returned due to non-sufficient funds will be subject to a NSF fee of \$25.00.

We strive to be thorough in everything we do, taking time to be the best we can be. We encourage you to call our office at 701-775-4751 if you have any questions.