

Office Policies

Welcome to Family and Cosmetic Dentistry. We are here to provide you with quality dental care on a personal level. We pride ourselves on proficient work and continual dental health education. We are sure that you will be pleased with our practice.

Our office policies are as follows:

- Payment is due at the time of service.
- If you have dental insurance, we will be glad to file claims for you.
- If insurance applies to you, your percentage is due at the time of service.
- The doctor will explain your treatment plan to you. With signing this form, you give consent for the dentist to treat you, based on on your treatment plan.
- We do our very best to provide you with a convenient and timely appointment. If you need to cancel or reschedule your specified time, 24 hours is necessary to avoid a \$20.00 charge.
- A \$5.00 Office Visit Fee applies to every patient.

Our purpose is to meet the needs of our patients. These policies allow us to fairly devote our time and focus where it belongs, to our patients. Once again, welcome to our practice.

_____ (Patient signature) Date _____