

Douglas Dental Studio

Office Policies

Please read and initial each policy below

_____ **Cancellation & No Show**
Our office hours are by appointment and we do value your time. This office is a private practice and not a dental "clinic." Appointment times are reserved for you alone. Therefore, if you cannot make an appointment as scheduled, we ask that you please notify the office within 48 hrs to avoid a **broken appointment fee**.

_____ **Financial Policy**
Our office offers simple financial arrangements in order to avoid possible misunderstandings. **Unless prior arrangements are made, payment in full is expected at the time treatment is provided.** For your convenience, we accept all major credit cards, cash, checks, and care credit. There is a fee charged for returned checks.

_____ **Dental Insurance**
We are happy to assist you in receiving your maximum dental insurance benefits. Our office will accept assignment of dental insurance benefits directly to our office. As courtesy, we will provide **estimates** for dental insurance based upon the most current information given to us by your dental insurance. Therefore, you are responsible for all dental fees (charges) that your insurance company has not paid, within a 60-day period from when treatment has begun. You will be expected to pay the full amount.

_____ **Overdue Balances**
If your balance becomes 60-days or more overdue, our office reserves the right to interrupt or discontinue treatment and/or send your account to an attorney for collection. In the event that your account is sent to collection, you will be responsible for all cost and fees, including reasonable attorney's fees incurred.

_____ **Treatment Fee**
The estimate fees we provided for dental services are guaranteed for 90- days. If treatment is not begun within 90-days of the estimate date, cost of treatment could vary. Once dental treatment has begun, changes in the anticipated treatment plan may be required, depending on oral conditions encountered. You will be informed if this occurs and given the option of continuing treatment, changing treatment, or cancelling treatment.

Signature of Patient/Guardian

Date