



*Great Southwest*  
*Family Dental*

2501 W I-20, Suite 100 · Grand Prairie, TX 75052 · (972) 660-8457 · Fax: (972) 660-8459

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## OFFICE POLICIES

**(Applies to all patients – Please read before you sign!)**

- We reserve the right to refuse the scheduling of a future appointment and/or charge a \$20 fee for any recall appointment that is missed or cancelled without 24 hour notice and \$50 for any treatment appointment missed or cancelled without 24 hour notice
- All co-payments are due at the time of service
- Our office can NOT ensure the exact amount an individual's insurance will cover for the office visit, we can only give an ESTIMATE. Any remaining balance that is not paid by the insurance company will be the patient's responsibility to pay.
- Any claim that is not taken care of by the insurance company within 60 days then becomes the patient's responsibility to pay.
- All fees are subject to change 30 days after date of original quote.
- We are no longer responsible for any lab work (crowns, bridges, etc.) that are not seated within 10 business days after notification by the office.
- Warranty on procedures will be voided if regular oral hygiene maintenance (3 or 6 month check-up, cleaning, or any other special required evaluations) are not kept.
- All payments are due prior to the completion of intended procedures
- For all unpaid balances, statements will be sent out.
  - After the third statement is sent out and no payment is received, total unpaid amount will be sent to an outside source for collection and you are responsible for all legal fees
- Children under the age of 5 years may be accompanied by one adult for treatment. Parents of older children must wait in the waiting room unless called back by the office staff. If a parent or guardian does not follow our office policy it will result in the patient being dismissed.
- Transfers of radiographs require:
  - \$20.00 fee for copying/printing radiograph
  - At least one week notice prior to the mailing or picking up of when radiographs are required.
- If referred out to a specialist the first set of radiographs will be sent out without a charge as a courtesy. Any sets needed after the first is sent out will have a \$20.00 fee.

I understand and agree to the conditions of the above office policies.

\_\_\_\_\_  
Signature of Patient, Parent, Guardian or Personal Representative

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Please print name of Patient, Parent, Guardian or Personal Representative

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Relationship to Patient