



### Office Policies

Thank you for choosing us as your dental care provider. We are committed to your dental treatment being successful. The following are our office policies which we require that you read and agree to sign prior to any treatment.

-Appointment reminders are sent via email or text. If our office does not receive a reply through there, as a courtesy to all of our patients, we will give you a friendly reminder call 1 to 2 days before your scheduled appointment. If our office is unable to confirm your dental appointment **verbally** with you, we do reserve the right to cancel your appointment and reappoint to another patient.

-Since appointed times are reserved exclusively for each patient, we ask that you please notify our office 48 hours in advance of your scheduled appointment time if you are unable to make it. Without this notice we reserve the right to charge a \$50/per hour broken appointment fee. We ask that you please try to understand our position on this delicate situation.

-Late arrivals cause schedule delays for those patients who arrive promptly at their appointment time. Late arrivals will be worked into the schedule if time allows or re-appointed to another day.

-Payment is expected at the time services are provided for the corresponding treatment, unless other arrangements have been made with our office in advance. We accept cash and all credit cards. We also offer interest-free financing for those who qualify through a company called Care Credit. Our office **does not** accept checks.

-If at any time a refund is requested or due to a patient the amount will be subject to the original amount billed less the processing and laboratory fees.

-If an account becomes past due for 30 days, an interest charge of 18% will be added every month until account is paid off. If the balance is still unpaid after 90 days, the account may be turned over for further collection action, this will make the patient responsible for ALL collection fees that our office incurs while attempting to collect on the unpaid balance.

-Florida State regulation 466.024(2) requires a dentist to conduct an oral examination before a cleaning. The exam must occur at least once every 13 months and professional standards of dental care include x-rays as part of that exam. At this visit you will be given a form to update your medical history and personal information.

-In order for us to keep our records accurate, it is important for you to understand that it is **YOUR** responsibility to inform us of any changes, such as insurance, health, address or phone number changes.

**By signing to this I acknowledge that I have read and agree to the office policies as stated above.**

**Patient Name:**

**Patient/Responsible Party Signature:**

**Date:**