

Family Dental Center Office Policies

We at FDC are proud to be part of a team whose primary mission is to provide quality and comprehensive dental care. We feel a clear understanding of our office policies are important to our professional relationship.

Updating Information

In order for us to care for our patients to the best of our ability, we request that a health history form is updated every 3 years, or any time you tell us there has been a change. Our HIPAA authorization form needs to be updated every year. Our receptionist will verify phone numbers, address, dental insurance, and emergency contact information each visit.

Routine Hygiene Appointments

Per the recommendations of the ADA (American Dental Association), we require bitewing x-rays be taken once per year at recare appointments for most patients, and exams at least once per year for all patients.

Missed/Cancelled Appointments

We require confirmation of all appointments (via call, text, or e-mail). **24 hour notice** is required for cancellations. We reserve the right to charge a fee for broken appointments or ones that are not cancelled within a reasonable time frame. If repeated “no-shows” occur, a deposit may be required to hold a future appointment. This deposit will be applied toward your treatment. We hold the right to discharge a patient from our care, if issues persist. Please initial _____.

Insurance

As a courtesy to our patients we gladly process your insurance claim. We participate in many insurance plans, but please inquire if we accept yours to avoid billing problems later. We **ESTIMATE** your portion due that is not covered by insurance, and deductible. The total portion that is not covered by insurance is **DUE AT THE TIME OF SERVICE**.

Payment Options

1. Cash
2. Personal Check
3. Credit Card (Visa, Master Card, Discover and American Express)
4. CareCredit: Offers patients a line of credit to cover you or your family’s dental care needs. In most situations this is an interest free program for up to 2 year. Inquire with office staff to attain further information regarding the different programs they offer.

I have read and understand the above policies

Patient/Guarantor Signature: _____ Date: _____