



## **Valued Patient,**

Welcome to our practice! We are pleased to have the opportunity to care for you and are happy to answer any questions you may have regarding our office policies, insurance, and financial arrangements.

At our practice, we are committed to providing high-quality dental care that is accessible to everyone. To help manage the cost of care, we always provide a detailed estimate of treatment fees before any procedures are performed. We will review this estimate with you to ensure transparency and understanding.

Insurance can help reduce your out-of-pocket expenses. While individual plans vary, most insurance policies cover approximately 70% of preventive services and 50% of major procedures. For major work, we may request a pre-authorization from your insurance provider to give you a clearer understanding of your financial responsibility ahead of time. You will be responsible only for the portion not covered by your insurance provider.

Once we receive payment from your insurance company, any remaining balance will be billed to you. If your insurance pays more than expected, we will promptly refund any overpayment.

For patients without insurance coverage, we kindly request that payment be made in full at the time services are rendered. We accept many forms of payment.

Please don't hesitate to contact us with any questions or concerns. We look forward to working with you and providing the best possible care.

## **Cancellation Policy**

Your scheduled appointment time has been reserved specifically for you. We value your time and commitment to your dental care, and we appreciate your mutual understanding that this time is set aside exclusively for your treatment. If you are unable to attend your appointment, we kindly request as much advance notice as possible so we may offer the appointment to another patient in need of care.

To ensure efficiency and fairness for all patients, we kindly ask that you adhere to the following policy:

- Appointments must be confirmed at least **24 hours** in advance. Failure to confirm within this timeframe may result in the cancellation of your appointment.
- Appointments canceled or rescheduled with **less than 24 hours'** notice or **missed appointments** (no call/ no show) will be subject to a **\$50 fee** to be paid prior to scheduling any future appointments.
- Showing up to an appointment **15 minutes late** without prior notification will be considered a missed appointment.

Please sign and date below to acknowledge receipt and understanding of this information.

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