

Autumnwood Dental

OFFICE POLICIES

Please review and sign at the bottom, acknowledging that you were informed of these policies.

INSURANCE AND PAYMENT POLICIES

- Fees for services at our office will be requested at the time of your visit.
- Discounts are limited and authorized on the discretion of the managing dentist. Discounts are NOT transferrable, stackable or reusable.
- For patients with dental insurance: Your insurance is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. As a courtesy, we will file your claim for you at no additional charge; however, we ask that your deductibles and your estimated portion (20-60%) be paid as services are rendered. We cannot accept responsibility for collecting an insurance claim after 60 days or for negotiating a disputed claim. Although we gladly file dental insurance claims as a courtesy to you, any and all account balances are ultimately your responsibility. Any balances remaining unpaid for over 90 days will be turned over to our collections agency.
- Any collection fees, reasonable attorney fees, or returned check fees are the responsibility of the account holder. A monthly late-fee may be assessed on all past due accounts.

ESTIMATES AND FEES

- After x-rays and examination, you are entitled to an estimate of your required dental treatment. All estimates are based upon conditions viewed at the time of diagnosis; unforeseen circumstances, such as pulpal therapy, extent of decay or cracked teeth etc. could alter the estimated fee.
- Should any changes occur during treatment, you are entitled to an explicit explanation of the new charges and treatment, and the ability to consent before treatment can be rendered.

FAILED OR CANCELLED APPOINTMENTS

- We require at least 24 hours notice for any cancellations. Your appointment was carefully selected for your dental needs; we require the same respect and consideration when cancelling your appointments. We understand that emergencies do arise and those may be taken into consideration.
- Same-day cancellations and NO-SHOWS will incur a \$65 charge.
- Recurring cancellations and/or NO-SHOWS may be asked to seek another dental provider.
- As a courtesy, our office will provide confirmation calls and reminder cards to you. We ask that if we are unable to reach you, that you please contact us as soon as possible to confirm your appointment.

NOTICE OF PRIVACY PRACTICES

- A laminated copy of our office Notice of Privacy Practices is available in our office and displayed near the front desk. Upon your request, we will be happy to provide you with your own personal copy of our privacy practices.

I have read and understand all the above information. The undersigned hereby authorizes Autumnwood Dental to perform those diagnostic and treatment procedures, including local anesthesia and sedation, deemed necessary. If I ever have any change in my health or change in my medication, I will inform the doctor at the next appointment. For insured patients, my signature below authorizes assignment of insurance benefits to the doctor and authorizes the release of dental records to my insurance company.

Patient (Parent/Guardian) Signature

Date