

WELCOME

Office Hours

We schedule patient treatment by appointment only. For your convenience, we offer some evening and early morning doctor and hygienist appointment times. These appointments fill quickly, so we appreciate your flexibility.

Please look to see if our schedule will fit your schedule. Currently, our office hours are as follows (and are subject to change): Monday 12-8pm, Tues.9-5:00, and Thurs.9-5, with some Friday hours that vary.

Dental Emergencies

Should you have a dental emergency, please call and we will do our best to see you promptly between our regularly scheduled patients. The office phone recorded message will provide information on after hour coverage.

Dental Insurance

For our patients with dental insurance, please understand that we can only “estimate” your insurance coverage. We do offer an additional service by submitting your insurance claims directly for you. If there are any deductibles or co-payments, they must be paid at the time of service. Your insurance is a negotiated contract between your employer and the insurance company to cover a limited amount of basic services. Dental insurance companies rarely cover 100% of any dental fee, and often cover less than 50% or nothing at all. We are committed to helping you achieve the maximum benefits to which you are entitled.

Payment Policy

Patient portion of treatment balance is due as services are rendered, including any lab fees for major work (crowns, bridges, bite splints, whitening, etc). Payments can be made by cash, personal check, VISA, MasterCard, Discover, or CareCredit our interest free option. There is an added fee for returned checks and a finance charge on past due amounts.

Appointments

You will receive a reminder call or email as well as a postcard in advance of your reserved appointment date. We do appreciate a call or email reply back from you to confirm your reservation and we will then continue to hold that appointment for you. A \$50.00 fee per scheduled hour will be assessed to your account for appointments broken with less than a 48-hour notice.

Thank you for your cooperation and we greatly appreciate your help. We welcome any questions or suggestions that you may have.

I have read and understood the above information.

Signature of Patient (or parent, if minor child)

Date