



Welcome To Our Practice

We are delighted to welcome you to our practice and pleased you chose us to serve you for all your dental needs. We strive to provide you with superior dental care and proud of our dedication to our patients. Our goal is to help you feel and look your best through a delightful experience. In order for us to better serve you and accomplish our goal, we request you're understand and compliance with the following office policies:

▶ As a courtesy, we will confirm your dental appointment 48 hours prior to the scheduled time with the understanding **that it is the patient responsibility to maintain his/her scheduled appointment**. In the event you cannot make an appointment, we require a **48 business hours notice** in order to allow us to give the valuable time to another patient in need of it.

▶ In case we did not receive this advance notice, our offices **Broken Appointment Policy** is as follows:

a. **First Broken Appointment**

1. **Patient who is scheduled for an appointment that is less than an hour:** we will waive the first broken appointment fee and send a letter as a reminder of our policy.
2. **Patient who is scheduled for an appointment that is an hour or more, or on a Saturday:** we will not waive the first broken appointment fee. You will be charged a **non negotiable \$75 broken appointment fee**, per scheduled hour.

b. **Second Broken Appointment**

1. Each following broken appointment, we will charge a **non negotiable \$75 broken appointment fee** for each scheduled appointment.
2. No new appointments will be scheduled until that broken appointment fee has been paid in full.
3. Early mornings, and late afternoons, are considered **prime time appointments**. You will be allowed **one broken appointment per family** during these times. After the first broken appointment, **we will not schedule any more prime time appointments**.

▶ **Prior to the patients scheduled dental appointment, it is the patients responsibility to inform us of the following:**

- a. **Dental insurance changes.** It is important you give us any changes in your dental insurance prior to your appointment. This way we can have your estimated co-pays at

the time of your visit and also be able to address any questions about your dental plan. It is also your responsibility to know/understand your dental plan as well.

- b. **Contact and personal information.** It is important you give us the correct address and telephone number to facilitate our communication. Also, if there are any changes in your medical history it is important you inform us of them prior to your dental visit.

▶ **Co-Payments for patients with dental insurance and self pay patients:**

- a. **Co-Payments are due at the time of your scheduled appointment.** If you have any questions about your co-pay, it is best to contact the office prior to your appointment so everything can be explained. Co-Payments are **ONLY AN ESTIMATE**, and are based off of the dental insurance fee schedules. It is not until we receive correspondence and payments from the insurance company that we will be able to determine the exact payment. **We will collect the co-payment at the end of the appointment in case of any changes in dental treatment. This applies to all patients without exceptions.**
- b. **Re-Submitting Claims:** We will submit all claims to your dental insurance. In the event that your dental insurance does not pay, we will make three attempts to collect payment. After those three attempts the balance will become your responsibility and you will also be responsible for contacting your dental insurance.
- c. **If we are not in network with your dental insurance, full payment is due at the time of treatment without any exceptions.** We will give you a proper receipt to send to your dental insurance so they can reimburse you directly.
- d. **Account Balances:** At the end of each month statements will be sent out to the accounts that have a balance. If you receive a statement, you have until the end of the following month to pay the balance. If the balance is not paid it will receive a non-negotiable late charge and will continue to do so until the balance is paid or the account is turned over to collections. If moved to collection account will be subject to collection and/or attorney fees.

▶ **Obtaining copies of radiographs:**

- a. **RADIOGRAPHS:** Due to HIPPA policies, we are not able to send digital radiographs via email unless sent through a secure email. If you would like to obtain a copy of you or your family's radiographs, first you need to call the office ahead of time and let us know. We will attempt to send the radiographs via email through our secure email. If you are unable to open them and would like a printed copy, we can print and mail them. **If you would like a copy of them on a CD there is a non negotiable \$10 fee. This applies to all patients.**

▶ **Pictures will be taken for each patient and put into their dental chart.**

▶ **Forms of payment we accept are; Cash, Visa, MasterCard.**

WE DO NOT ACCEPT CHECKS

I _____ have received and read a copy of Al-Aswad
print name

Dentals office policies today, _____.

print today's date

Signature: _____