



“Compassionate dentistry for the whole family!”

Welcome to our practice. We look forward to being your families’ dentist. Listed below are our office policies.

We hope this will help avoid any future confusion or problems

Our office is open:

Monday- Thursday 8-5:00, Friday 8-12:00.

We are always happy to answer any questions you may have when you call. If you ever have a dental emergency you may call our office for the emergency call number.

We require 24 hour notice if you need to cancel an appointment.

Anyone 15 minutes late for an appointment will not be seen that day, and will be considered a no show.

If you fail to come to a scheduled appointment we reserve the right to charge a **\$45 fee**.

Payment Policies:

Payment is due at the time of service.

We offer *Care Credit* as a payment alternative. They offer interest free financing up to 18 months. Ask for an application if interested or apply at “carecredit.com”.

We do offer a 5% discount for payment in full on services \$200 or above.

We will give you a treatment plan and estimate at the time of your exam. We charge a **\$25 late fee** on accounts not paid by the due date on your statement. We welcome any questions you may have.

Our Guarantee to you:

We guarantee all of the dental work completed in our office for two years. The only requirement is that you visit our office every six months for a check- up and cleaning. This helps us keep your mouth healthy and your teeth clean.

Operatory Guidelines and Scheduling:

We ask parents to wait in the lobby for their children. Children tend to do better, on their own. There is not enough room or a chair in the operatories. We have expensive equipment that can easily be damaged. The design of our office should help you feel comfortable knowing your child is okay. If you are needed in the back an assistant will come get you.

We would prefer to see young children in the morning. They tend to be less tired and less apprehensive.

We also prefer to do large procedures before 2:00 p.m.

We ask **all patients** to turn off their **cell phones** before entering the back.

We look forward to meeting your dental needs and concerns.

Signature_____ Date_____