

Azalea Dental Care

OFFICE POLICY FOR OUR PATIENTS

We are committed to providing you with the best possible care. If you have dental insurance, we are always available to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.

X-rays and photographs of your teeth may be taken during your dental visit. X-rays or photos of individual teeth may be used for educational purposes. However, your identity will be kept confidential and facial photos will not be distributed or shown in any way.

Minors **MUST** be accompanied by an adult for all treatment. The person who accompanies a minor/child to the appointment will be considered the responsible party and, therefore, is responsible for any payment due at the time service is rendered. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made with the front office staff. Decreed custody or lack thereof, does not alter financial responsibility.

We will gladly discuss your proposed treatment and answer any questions regarding your insurance.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance.

We accept CASH, CHECKS, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS and CARECREDIT. Returned checks are subject to an additional fee.

Charges may be incurred for **broken appointments** and **appointments cancelled without 24 hours notice**. If you are more than 15 minutes late for an appointment, that appointment may have to be rescheduled. We will always take your time into consideration. If we are running more than 15 minutes late, we will inform you and give you the opportunity to reschedule as well. Our goal is for both parties to be on time.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to contact us. **WE ARE HERE TO HELP YOU!**

Responsible Party Signature: _____ Date: _____