

OFFICE POLICIES

Thank you for choosing Anderson Dental to be your dental provider. Dr. Anderson along with his team are committed to providing the highest quality of care and best service possible. In order for our office to maintain efficiency for you, our patient, please take a moment to read through our office policies.

PAYMENTS

For patients with no dental benefit, **full payment is due at the time of scheduling**. For your convenience, we accept **Visa, Master Card, Discover, American Express, Care Credit, Checks and Cash** for payment of dental services.

Before services are rendered, we will **estimate** what your **primary** insurance company will pay. The estimated portion that is not covered by insurance is your out of pocket portion **and is due upon scheduling your appointment**. Anderson Dental will still do the courtesy of submitting to your secondary insurance company. If your secondary insurance company makes payment we would issue you back a refund in 4 to 6 weeks. Your insurance is a contract between your employer and a dental insurance company. Benefits received are based on the terms of the contract negotiated between your employer and the dental insurance company, and not our dental office. The goal of most dental insurance policies is to provide only basic care for specific dental services. The benefits that you receive from your dental insurance company have nothing to do with your needs or achieving a high quality, complete result. Many needed services may not be covered. Our office will do everything possible to help you understand and make the most of your dental insurance benefits. As a courtesy, our office will complete and submit your insurance forms to achieve the maximum reimbursement to which you are entitled. Please remember that you are ultimately responsible for all expenses incurred. We urge you to read the policy so that you are fully aware of coverage and any limitations of the benefits provided. In the event that a credit occurs on your account, this will remain there for future dental needs unless otherwise indicated.

CANCELLATIONS & BROKEN APPOINTMENTS

We require 24 hours' notice if you are unable to keep your appointment. There will be a \$50.00 fee for failed appointments. We try to give reminder messages via text or e-mail for upcoming appointments; however, we are not always able to reach our patients. Therefore, you are ultimately responsible for remembering your dental appointments.

We understand that emergencies do arise, but please let us know as soon as you are aware that you are unable to keep your scheduled appointment time.

Again, thank you for choosing Anderson Dental, and for showing your confidence in our office. We promise to strive for excellence in providing your dental care.

Patient Signature

Date