FAIR OAKS DENTAL, P.A.

Welcome to FAIR OAKS DENTAL, PA. The following information is provided to ensure that our patients understand our office polices and their financial responsibility when receiving treatment. We only want to do what is best for our patients.

Should you have any questions regarding any of the items below, our front office staff will be happy to help you.

- 1. For our records and billing purposes, please let the front desk know if you have changed your address, phone numbers, or insurance. ____(initials)
- 2. There will be a \$25 reservation fee per every ½ hour of your appointment time applied to your account each time you cancel or do not show for an appointment without a 24 hour notice. _____(initials) We value your time as well as other patient's time.

INSURANCE AND FINANCIAL AGREEMENT

As a courtesy to our patients and families, we try to verify that a patient is covered by the insurance company. However, your insurance policy is a contract between you and your insurance company. As filing your claims is a courtesy, we cannot be responsible for verifying each individual's benefits within the agreement the employer has with an insurance company. Please understand that verifying your dental insurance is not a guarantee of payment. We will try to provide you with the best possible estimate for your treatment. We cannot however foresee downgrades, deductibles and frequency limitations. Taking this into consideration, you as the patient/guardian are ultimately responsible for any payment your insurance company may not remit, regardless of the claim status. Your estimated co pay and/or deductible are due on the day services are rendered. We respectfully ask for your cooperation in not directing financial questions to our doctors, assistants, or hygienist. Our treatment coordinators follow the doctor's policies and will be glad to help you with questions on costs or financial issues. _________ (initials)

TREATMENT GUIDELINES

The type of treatment you need and receive from Fair Oaks Dental is based on either:

- The American Dental Association recommendations for fluoride treatment with every cleaning and taking 4 bitewings to monitor carious lesions in between the back molar teeth.
- The Treating Dentist professional judgment and not whether you are covered by a dental insurance.

The best dental care can be provided only on the basis of mutual understanding; therefore we encourage our patients to discuss any question he/she may have concerning our policies.

I have read and understand the above policies and my financial responsibilities.

PATIENT/GUARDIAN SIGNATURE DATE

Thank you for choosing Fair Oaks Dental, PA. We look forward to working with you.