PATIENT AGREEMENT

A dental relationship is built on mutual trust and respect; therefore, to avoid any misunderstandings, please read, sign and date this agreement below. A copy will be provided to you upon request.

APPOINTMENTS

° When you make an appointment with us, you are reserving time, facilities, equipment, doctors and staff members exclusively to treat you. Missed appointments adversely affect and delay treatment and/or prevent others from receiving necessary care; therefore, please provide us with at least 2 working days notice in the event that you cannot keep your appointment to avoid a cancellation fee. This fee must be paid in full prior to rescheduling the appointment.

° When you make an appointment for extensive time, we ask for a reservation fee. With 2 working days notice, we will gladly reschedule your appointment and reapply your reservation fee. If you do not give us sufficient notice, your reservation fee will be forfeited. Messages left on weekends are not sufficient.

° We realize in most cases when you are late, it is due to circumstances beyond your control. We will do our best to accommodate you; however, if sufficient treatment time is not left, your appointment may be rescheduled.

° We attempt to confirm your appointments as a courtesy. It is your responsibility to remember to keep your appointments regardless of whether or not you are reached by our office.

° Multiple missed appointments can result in an administrative discharge from our practice.

° In the event of a dental emergency, we try to provide same day emergency care as our schedule permits. Please call our office as early in the day as possible as it gives us greater ability to schedule your visit. Should you need us after hours, please call our professional answering service (302)295-8805 for assistance.

CONSENT TO PHOTOGRAPHY

°In connection with dental services, I agree and consent to allow the photographs taken before, during, and after completion of my dental treatments to be used for dental records, professional relations or patient counseling. My name or other identifying information will be kept confidential.

FINANCIAL

° A 5% savings will be given for payments **in full** prior to the start of treatment over $250. An insurance claim will be submitted for your reimbursement.*

° Senior citizens (age 65 or older) will receive a 10% discount.*

° We have made arrangements with dental finance companies so that you may make affordable monthly payments. There are no application fees or down payment required, and it may be interest free for up to 12 months. Ask for details.

° For those procedures that require multiple appointments, you can make two equal payments. The 1st payment is due prior to the start of treatment and the 2nd payment is due at the start of treatment. The negative is no discount.

° For those with dental insurance, we ask you to pay a portion of your treatment at the time of service and we will submit a claim to your insurance company.

° Balances not paid off within 30 days of a statement are considered past-due. New treatment will not be started until all past due balances are paid off.

° We accept cash, check, MasterCard, Visa, Discover, American Express and Care Credit. There is a $35.00 charge for returned checks.

**Discounts are excluded with the use of Care Credit.*

INSURANCE

° We will gladly give you an idea of what your insurance company will pay and submit your claim to your insurance company; however, many variables (deductibles, maximums, allowable fee limitations, non-covered procedures and other restrictions) exist in dealing with thousands of different dental plans. Many insurance plans use "Usual, customary and reasonable" fees. This is the ceiling amount a specific plan will pay per procedure. If your insurance pays less than expected for a procedure, it's not that the fee was too high but your plan does not reimburse at the level charged. Each plan has their own rules, guidelines and regulations. Therefore, **we cannot guarantee any estimated insurance payments.**

° Your dental benefits are a contract between you and your insurer; we are not a resource to the specific details of the contract and ultimately you are responsible for all charges. If for any reason your insurance does not pay within 60 days from the start of treatment, you are responsible for payment at that time.

° We would be happy to submit a pre-determination of benefits to your insurance company which may give you a more accurate estimate; however, this can take up to 6 weeks for a response which may delay treatment. This is still not a guarantee of payment.

° If your insurance pays less than estimated, the balance becomes your responsibility. Once a statement is sent to you, your account must be paid in full within 30 days.

° Please know that we will do everything possible to insure that you receive full benefits from your insurance company.

I have read and understand this agreement and will abide by its guidelines:

_____ _____

Patient Signature (Or Guardian, if minor) Date