

OFFICE POLICY DECLARATION FORM

At Art Dentistry Center, formerly used to be Madison Family Dental, Dr. Channo, Dr. Mati, Dr. Mammo, hygienists, assistants and the rest of the dental team hope to provide you and your families with quality dental care for years to come. Our goal is to educate all of our patients to the best of our abilities about their dental needs. In order for us to accomplish this task, it is necessary that we have the utmost cooperation of our patients to ensure their dental health does not become compromised. Our staff will treat you and your family in the most professional manner and will always be willing to answer any questions you may have regarding your treatment or about our office policies.

In assisting our staff to accomplish the goal of dedication to Art Dentistry Centers patients, a number of policies have been implemented to help us serve you better and ensure better overall patient care. We ask that you take a few minutes to review just a couple of these policies before we begin our relationship.

INSURANCE AND PAYMENT SERVICES: We are primarily a "fee-for-service" dental practice. We accept patients who participate in a variety of dental insurance plans as well as patients who have no insurance at all. Regardless of a patient's insurance status, **the fees associated with any treatment will be due at the time of service.** The estimated amount that is not covered by insurance (i.e. the "co-pay") will be expected to be paid at the time service is rendered. **The patient/insured will be responsible for the outstanding balance not covered by the insurance, for whatever reason.** Responsible efforts to obtain insurance benefits from the insurer will be made. **The responsibility falls upon the patient/insured to resolve disputes with their insurance company (ies).** This is a contractual relationship between the patient and the insurer; not the insurer and the dental office. **We ask to direct all financial and/or treatment fee questions to our financial coordinator or other front desk personnel.**

SCHEDULED APPOINTMENTS: Patients scheduled appointments are just that – SCHEDULED APPOINTMENTS!! We make every effort to arrange a convenient time for our patients to attend to their dental needs. Our office requires a return call by patient to confirm they will be keeping their appointment. Preferably, our office would like a 48 HOURS NOTICE if you were unable to make the scheduled time. **At minimum, we require 24 hours notice of cancellation or re-scheduling of appointments.** In the event our patients are unable to give sufficient notice (at least 24 hours) of their inability to make their scheduled appointment, a FIFTY DOLLARS (\$50.00) charge per appointment will be assessed against their account to offset costs for this opening in the office's schedule. **We prefer not to charge this fee.**

PAYMENT: Our offices accept VISA, MasterCard and Discover credit cards for payments. We also accept cash, personal checks (no third-party checks), cashier checks and money orders. Certain patients may qualify for time-payment contracts or a line of credit Care Credit, an independent finance company extending credit 90 days interest free! If you have any questions regarding payment, please ask the office financial coordinator.

As a patient you have the responsibility to attend to your dental needs both at our office and at home. Neglecting your dental needs can and surely lead to greater complications as you get older. Our offices will advise our patients of the recommend course of treatment- it is the patients ultimate decision, however, whether if not he/she wishes to participate in **this course of treatment.**

I ACKNOWLEDGE THAT I HAVE READ, AND REVIEWED THIS DECLARATION OF POLICIES. I HAVE HAD THE OPPORUNITY TO ASK ANY QUESTIONS REGARDING THESE MATTERS AND FULLY UNDERSTAND THE PARAGRAPHS ABOVE.

Patient/Guardian Signature:

Date: