



Office Policies

OFFICE POLICY

Our commitment is making your oral health our top priority. As your team of healthcare providers, we expect to earn the loyalty and trust of patients who in turn appreciate and value our time. We intend to provide you with the information necessary to make informed decisions about your healthcare needs by focusing on educating you and offering choices of available care that will positively impact your health.

➤ **MISSED APPOINTMENTS**

Please understand that when you are scheduled in our office, we reserve the time especially for you. We request that you give us a **48-hour notice for any appointment you are unable to keep**. Failure to show or cancelling more than one appointment **with less than 24-hour notice will result in a failed appointment fee of \$50/hour booked**, which must be paid before any further appointments can be made. Multiple missed appointments will result in dismissal from the practice.

➤ **FINANCIAL AGREEMENT**

Full payment and/or copayment is due at the time of service unless prior arrangements have been made. There is a \$50 processing charge for non-sufficient funds or returned checks. Any charge which is unpaid shall be subject to a monthly interest charge of two percent (2%) and should your account be assigned for collections, you are responsible for all costs and attorney's fee of thirty-three and one-third percent (33 1/3%) of all monies due.

➤ **INSURANCE**

Treatment recommendations are based on your health not on your insurance or lack thereof. If you have insurance, it is your responsibility to be aware of what your benefits are. As a courtesy, we will provide you with an estimate of benefits; however, you are fully responsible for any treatment performed. We will file all dental claims on your behalf. Remember, your insurance is a contract between you and your insurance company. We cannot guarantee any payment from the insurance company. The balance of your visit is your responsibility whether or not your insurance company pays and is due in full after 60 days.

➤ **RADIOGRAPHS**

The document "Guidelines for Prescribing Dental Radiographs" published with the ADA and the FDA has established radiographic exposure guidelines for patients. A full mouth series of x-rays and/or a recent panorex and set of bite-wing x-rays of diagnostic quality less than a year old is required before your first hygiene visit can be made.

➤ **APPOINTMENTS**

We request that you be on time for your visits. If you are more than **10 minutes** late, you may have to reschedule your appointment. If you miss an appointment, we ask that **you** call to reschedule. It is critical to your health to do so to avoid setbacks.

➤ **AUTHORIZATION AND RELEASE** (Please read and **INITIAL** each line)

_____ I authorize Andrew G. Gilfillan, DDS and his staff to take radiographs, models, photographs, or other further diagnostic aids deemed necessary by the doctor to make a thorough diagnosis.

_____ I authorize Andrew G. Gilfillan, DDS and his staff to provide all forms of treatment, medication, anesthetic, and therapy that may be indicated in connection with my dental health.

_____ I authorize and request my insurance company to make payment directly to Andrew G. Gilfillan, DDS.

I have read the above conditions of treatment and payment and agree to their content.

Patient/Parent/Guardian Signature (Responsible Party)

Date

Relationship to Patient