

Patient Responsibility Statement

In order to clarify your responsibilities to our office, we have prepared the following statement:

FINANCIAL:

1. We will be happy to bill your insurance company for you. We will need all pertinent information, such as group #'s, social security #'s, employer, etc. **We also need to know if any information ever changes.**
2. You are responsible for paying your insurance co-payment (the portion of your treatment insurance does not cover) at each appointment unless prior financial arrangements are made.
3. You need to keep a personal record of your insurance payments and inform us when your benefits are near to reaching the yearly maximum benefit limit (this is different for every insurance policy).
4. For non-insured patients, the full treatment fee is due and payable at your appointment time.
5. Upon request, we will give you a written estimate of your needed dental treatment.

APPOINTMENT POLICY:

1. We require **at least 24 hours notice** if you **must** change an appointment.
2. If you schedule a 7 A.M. appointment, please do not cancel it. It is very difficult to fill these early morning openings if you do not show up.
3. If two appointments are missed without advance notice, we will not schedule any further appointments for you.
4. We make every effort to run on time. If you are more than 15 minutes late for any appointment, you may be re-scheduled.

Please feel free to speak to us should you have any further questions regarding this statement. Thank you for choosing us as your dental team. We will strive to do our best for you,

Ron Cowles, DDS