

Eastview Family Dentistry Office Policies

Appointment Policy

In addition to phone call reminders, our office uses email and text to confirm an appointment. Your choice of these three methods gives us permission to contact you in that manner. Your cellular phone carrier's standard rates for texting will apply.

So that we may schedule our patients' time more efficiently, we require at least a 24 hour notice of an appointment cancellation. Appointments that are not confirmed at least 24 hours prior to the appointment time may be canceled by our office.

We strive to allow the proper amount of time for each procedure, thus reducing your wait time. If circumstances prevent you from arriving within 15 minutes (adults) or 10 minutes (children) of your scheduled appointment time, we will reschedule your appointment in order to allow adequate time for your treatment. Your appointment time reflects the latest time that you should arrive at the office, and does not reflect the time that the treatment begins.

The following events will be charged a fee (a minimum* \$30 per cleaning and \$50 per appointment with the doctor):

- Late arrival
- No show
- Failure to cancel or confirm prior to 24 hours of appointment time

*These fees will increase with each offense.

Multiple failures to comply with the above policies can result in your dismissal from the practice.

Policy for Guests of Patients

Numerous hazards are present for the non-patient in the treatment area: therefore, only the patient being treated is allowed in the treatment area. This applies to all guests, including siblings of patients and children of patients. Please discuss special considerations (for example, one parent accompanying a child) with a staff member PRIOR to scheduling an appointment.

To facilitate parental communication and consent, minor patients (below the age of 19) must have a parent or guardian present in our office at all times during all appointments.

Children in the reception area must have adult supervision at all times.

General Policies

As a courtesy to our staff and patients with allergies and sensitivities, please do not wear strong fragrances to our office, such as perfume, lotion, or cologne.

In order to provide the best comprehensive dental exam possible, we will take appropriate

radiographs (x-rays) on all patients upon their first visit at Eastview Family Dentistry. If you feel that you have appropriate radiographs taken by another dentist and do not wish for more to be taken, you must provide at your appointment a diagnostic copy of those films.

All cellular devices must be turned off during treatment.

Because we are concerned with the safety of each patient and employee, our office will follow the Madison City School System dismissal schedule due to severe weather. This will pertain to school cancellations and early closings but NOT to cancellation of after school activities. Please also check our web site for more information during a possible early closing.

Eastview Family Dentistry Financial Policies

Please be aware that your dental insurance plan probably will not cover the total cost of your services. Most plans pay between 50 & 80% of the total. Your maximum yearly benefit, copay, and deductible all enter into the insurance payment. Your employer (plan sponsor) is usually the best source of specific information about your plan. It is your responsibility to be familiar with the specifications of your insurance provider's coverage. For example, some restorative materials are covered at different levels by insurance providers.

Before any treatment is rendered, we will be happy to estimate your insurance benefits and your financial responsibility. **We require payment of your portion in full at the time of service.** As a courtesy to you, we will file a claim for your services to your primary and secondary insurance carriers, but if your insurance claim has not been paid within 60 days, we require you to pay the balance. You are responsible for full payment of your account, regardless of the status of your insurance claim.

For your convenience, we accept cash, check, Mastercard, Visa, Discover Card, and Care Credit.

We will charge \$30 for each returned check.

If an account balance has not been paid within 60 days from the date of service, we will add finance charges of 1.5% per month (18% annually) on the unpaid balance. In the event we turn your account over to a collection agency or attorney for collection, you will be responsible for the collection fees and legal fees.

When you sign below, you are accepting the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees (33.33%), attorney fees and/or court costs, if such be necessary. You agree, in order for us to service your account or to collect monies you may owe, Eastview Family Dentistry employees and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

If you have any questions about these policies, please contact our office.