

2009-2010 People's Dental Care, P.A. Statement of Policies & Procedures

Dear Valued Dental Patient:

Welcome to our practice and thank you for selecting People's Dental Care P.A. as your dental home. Our office procedures and policies allow us to serve you with exceptional service and care. Dr. Walker and the PDC Team is a qualified professional staff trained to care for you and your dental needs. We do this with the most compassionate and current techniques in dentistry today. We love dentistry and believe that you and your family deserve the very best. Please read and understand the policies below to help us continue our commitment to quality care and give you the happy healthy smiles that you deserve.

Cancellations and Rescheduling: We reserve the right to charge for appointments that are canceled, broken ("no-show") without **24** hours or one full working day advanced notice. This fee will be **\$50.00** per hour scheduled per patient. If a patient cancels or reschedules an appointment the same day of scheduled treatment, we also reserve the right to place that patient on a **30-day Deferred Appointment List** before a new appointment is given. If no notice is given at all and a patient "no-shows" for an appointment, then we reserve the right to place the patient on a **45-day Deferred Appointment List** before they may be rescheduled. After two (2) "no-show" appointments within a 1-year period, we reserve the right to remove the patient from our active files and refer the patient for treatment elsewhere.

Returned Check Fees: In addition to the original dental service fees, there will be a \$30.00 "Returned Check Fee" and a \$4.00 Bank Service Charge added to the account for all returned checks. **We reserve the right to provide no further dental services until the bad debt is cleared.** Accounts that have a "Returned Check" activity will be considered as "Cash Only" accounts. Failure to settle the debt in a timely manner may result in credit/legal actions.

Past Due Accounts: For accounts more than 90 days past due there will be an interest charge of 18% of the remaining balance added to the total amount due. Accounts over 90 days will be turned over to our collections department. The responsible party on the account is held liable for all services rendered by this office and all costs involved in the collections process to include legal and/or credit agency fees. Consideration will be made for accounts past due as a result of pending insurance claims. **PDC will not file to Secondary Insurance. PDC WILL NOT BE THE MEDIATOR BETWEEN PARTIES DURING A DIVORCE.** For all collections attempts, we will address the person listed as the responsible party when the account was first opened.

Major Work Pre-Pay Appointment Reservations: Non-refundable appointment reservation deposits are required for all major services. The deposit fees are as follows: Root Canal Therapy = \$50 per tooth, Single Unit Crowns = \$100 per tooth, Bridgework = \$100 per every 3-units, Dentures/Partials = \$100 per arch, Whitening System = \$50, Orthodontics = \$2,000. If the appointment is kept, then the deposit will be put towards whatever the patient's costs for services would be. Failure to show for appointment will result in loss of any deposit made. **In addition to deposits and to maintain continuity of care and finances, Co-Payments for major work procedures will be collected before the patient is seated and treatment begins on the day of service.**

Refunds: If a credit balance occurs on an account after treatment is completed, copay has been rendered, and the insurance has paid on all claims, refunds will be provided accordingly. Refund requests take 30-45 days to process.

X-rays: For diagnostic purposes x-rays are if initial examination, emergency examination, or invasive treatment of any kind is to be rendered. As a courtesy and upon request, and if the account balance is paid in full, copies of x-rays will be sent to a dentist of your choice at no additional charge to you. Upon approval by the doctor, and with a duplication fee of \$25.00, copies of x-rays may be given to the patient (or parent/guardian) upon request to hand-carry records. All privacy forms must be completed before any copies are released.

CELLULAR PHONES ARE NOT ALLOWED IN THE TREATMENT AREAS, PLEASE TURN THEM OFF

CHILDREN: *Minors must be accompanied by parent/legal guardian or other person age 18 or older. Minors will not be treated without the adult in the office during the entire appointment. Do not leave children unattended in the reception area. We have limited spacing; therefore if your child is not being seen you may be asked to reschedule your appointment.*

Thank you for your cooperation and adherence to our office policies and procedures. We look forward to assisting you with all your dental needs.

PATIENT SIGNATURE: _____

DATE: _____