



OFFICE POLICY

Payment will be expected at the time of service for all treatment and insurance co-pays.

Appointments: Office visits are by appointment only. Please arrive 15 minutes prior to your appointment. Patients who are more than 15 minutes late for their appointment may be rescheduled at our discretion.

Cancellations/Missed Appointments: We kindly request that you provide us with at least 24 hours advance notice of cancellations. When you miss an appointment without cancelling, other patients who could have used that time are delayed unnecessarily. Excessive missed appointments without notice could result in dismissal from our practice.

Children in the office: Please make arrangements for childcare prior to your visit. Children should not be left unattended in the reception area and Sterling Smiles staff cannot provide childcare services while patients are being treated. All children 17 years of age or younger scheduled for treatment must have a parent or legal guardian present in the office during their appointment.

Insurance: As a courtesy, we will verify your insurance benefits as long as you provide us with the most current and complete information. We will do our best to help estimate your benefits, however it is your responsibility to know the benefits, limitations and exclusions of your dental plan. Please be aware that we cannot guarantee exact payment and all treatment plans are ONLY AN ESTIMATE. You may receive a bill once your insurance has met their obligation and you understand that you are responsible for all charges incurred that were not covered by your insurance carrier.

Medicaid: We are pleased to be one of the few offices in Sterling that accepts Medicaid. Most offices do not deal with Medicaid for various reasons, mostly due to a large percentage of missed appointments. For this reason, it is imperative that you keep all scheduled appointments or provide us notice of cancellation within 24 hours. Three missed appointments without notice will result in dismissal from our practice.

We reserve the right to dismiss any patient from our practice, as we see fit.

I acknowledge that I have read and understand the policies outlined above. I understand that I am responsible to pay all charges not covered by insurance for treatment administered by Sterling Smiles Dental and that if my account is placed with a collection agency for non-payment that I will be responsible for all collection costs, including court costs and associated attorney fees.

I have received or been presented with a copy of this office's Privacy Policy. Please list below anyone that you authorize us to disclose information to regarding your protected health information:

PATIENT NAME: _____ **DATE:** _____

PATIENT AND/OR GUARDIAN SIGNATURE: _____