



OFFICE POLICIES

Our goal is to provide quality dental care while respecting our patients, their time, our schedule, and financial considerations. We ask that you please read through the following office policies carefully so we can work together to ensure a smooth, efficient, and positive experience at our office.

Appointment Policy

We strive to run on time with our schedule and appointments. To ensure patients are seen in a timely manner, please respect the following:

- Please arrive **10 minutes** early to your appointment to update any paperwork or insurance information
- If you arrive more than **15 minutes** late, your appointment may be rescheduled
- We require **24 hours** notice to cancel or reschedule appointments
- Appointment reminders are provided as a courtesy by phone call, text, or email. You have the right to designate how you wish to be communicated with for appointment reminders
- We appreciate confirmation of your appointment at least 24 hours in advance.

Failure to comply with the appointment policy may result in dismissal from the practice.

Missed Appointments/No-Show Policy

When appointments are missed, this prevents us from providing quality care to another patient. We understand emergencies arise and sometimes appointments are missed. Please contact our office at your earliest convenience to reschedule a missed appointment.

- Repeated missed appointments or last minute cancellations may result in a no-show/cancellation fee of \$50
- Repeated missed appointments or last minute cancellations may result in the requirement to prepay the estimated co-pay to schedule a future appointment

Continued no-show behavior may result in dismissal from the practice.

Financial Policy

Our office will strive to provide estimated costs prior to all treatment and services. All estimated co-pays are due at the time the treatment or services are rendered. All balances accrued on the account are ultimately the patient's responsibility.

- Cash, Check, Debit Card, Credit Card, HSA/FSA, or Care Credit are acceptable forms of payments
- Payment is due at the time services are rendered unless other arrangements have been made
- Patients are responsible for all remaining balances on their account
- Estimates provided are not a guarantee of insurance payment
- Patients are responsible for all charges not covered by insurance
- Statements will be sent by mail, e-mail, and text for convenient payment options. You have the right to request how we contact you regarding billing
- After 3 monthly statements are sent, the account, balance, and patient may be turned over to a collection agency. Future appointments will be cancelled and may not be rescheduled until account balances/collections are paid in full
- Please ask us about third party financing, such as Care Credit to help cover the costs of your dental treatment
- Extensive treatment plans may require a deposit to reserve an appointment time

As with any dental treatment, there may be unpredictable treatment changes that result in unforeseen additional costs. Our office will make an effort to anticipate any changes in the treatment plan and finances and advise you as soon as possible.

Insurance Policy

Dental insurance is a contract between the patient, their employer (if applicable) and the insurance provider. Submitting claims for payment to the insurance provider is a courtesy provided by the dental office, not an obligation.

- Patients are responsible for providing accurate information regarding their dental insurance

- Our office will try to verify insurance information prior to your appointment for the most accurate and up to date information
- Patients are responsible for any treatment balance that is unpaid by the insurance provider
- Insurance estimates do not guarantee payment from an insurance company
- Estimates do not take into consideration insurance benefits used at another dental office
- We will file Pre-Determinations to the insurance company on the patient's behalf in certain/unique situations
- Pre-Determinations from my insurance provider are NOT a guarantee of payment

We will do our best to provide accurate estimates based on the insurance information we have. However, there are unforeseen changes with insurance rules and limitations that are specific to each plan that may result in a remaining balance.

Treatment Consent, Post-Operative Care, and Refusal Policy

Treatment plans are created as a collaborative work between the patient, doctor, and any other trusted person the patient wishes to include. Treatment plans may be changed, altered, or declined at any time.

- Treatment plans will be discussed with you prior to services being performed
- You have the right to ask questions and receive explanations regarding recommended treatment, risks, and alternatives
- Patients are responsible to provide accurate medical history and all current medications that may alter treatment and post-operative care
- Patients are responsible for following post-treatment care instructions, including use of medications, over-the-counter and prescription
- Failure to follow instructions may affect healing and treatment outcomes
- Any unusual post-operative symptoms should be evaluated by the dentist as soon as possible

While treatment plans are a collaborative effort and alternatives can be explored, there are certain recommendations that may be required (for example: diagnostic x-rays, periodontal disease treatment, etc.). Failure to comply with recommendations or declining necessary treatment may result in dismissal from the practice.

Communication Policy

Communication will occur between our office and the patient. It is the responsibility of the patient to provide accurate and up-to-date information regarding contact preferences. Contact preferences may be changed or revoked at any time.

- You may be contacted via mail, phone, e-mail, or text for appointment reminders, treatment plans/treatment follow-ups, billing/insurance matters, information updates
- Social media may be used for notices, updates, educational purposes, and marketing

Privacy, Confidentiality & Records Release Policy

Our office is committed to protecting your personal health information. Please read our HIPAA Notice of Privacy Practices for the full extent of how your information will be protected and/or used.

- Copies of health records may be released upon request. A written request may be required
- A reasonable administrative fee may apply for copies of health records
- Records may be transferred to another office or given to the patient directly

Office Conduct and Safety Policy

Our office is committed to maintaining a respectful, safe, and professional environment for our patients, staff, and doctors.

- Abusive, threatening, intimidating, or inappropriate behavior towards staff or patients will not be tolerated
- Disruptive conduct may result in termination of the patient-provider relationship and dismissal from the practice

I have read, understand and agree to follow the above office policies for Woodland Dental Care. I understand failure to comply with these office policies may result in dismissal from the practice.

Printed Name

Date

Patient/Legal Guardian Signature