

OFFICE POLICY

Dental Insurance: Submission of insurance claims is a COURTESY that our office provides but not an obligation. We can only ESTIMATE what the insurance will cover based on what they tell us. Each insurance has their policies for benefits and exclusions. It is the patient's responsibility to familiarize themselves with the type of coverage and limitations of their insurance policy. Copayments are due at the time that services are rendered unless other financial arrangements have been made. Therefore, it is the patient's responsibility for the difference in payments. We will not be held responsible for charges incurred after the maximum has been exceeded, waiting periods, clauses and/or benefit termination.

Recall/Hygiene Appointments: Our office adheres to ADA recommendations in regards to x-rays and dental cleanings which are: full mouth x-rays or panorex once every 3 to 5 years; bitewing x-rays once every year and dental cleanings twice per year (every 6 months) MINIMUM. Please keep in mind that two cleanings per year is the minimum. Each individual has different needs based on the health of their mouth.

Temporary Crowns: Please keep in mind that a temporary crown is just that - temporary. Our office will credit the fee that you have paid for the temporary crown towards the permanent crown fee as long as the patient returns within 6 months of the temporary crown insertion. However, we reserve the right to charge for remaking the temporary crown if there has been damage due to the patient failing to return within the standard time frame 4-6 weeks.

Refusal of Treatment, Exams and X-rays: There is a standard of care that our office must adhere to. It is impossible for us to make a proper diagnosis and treatment plan without current x-rays and a dental examination. It is our OBLIGATION to inform you of existing problems in your mouth, therefore, all patients who refuse exams and appropriate x-rays should seek help elsewhere as our office would not be able to provide you with the quality of care that we believe in. All patients are welcome to seek a second opinion elsewhere. For those who refuse treatment, it is certainly your right, and therefore we would kindly ask you to sign a LETTER of REFUSAL for treatment which states that our office has informed you of the need of treatment and the possible consequence if left untreated and that you are fully aware of the consequence and would take full responsibility of it.

I have read and fully understand the policies of New Horizons Family Dental. and agree to comply with them.

New Horizons Family Dental

Date: _____

Patient Signature