



Paso Robles Dental Care Office Policy

Appointment Policy

We are dedicated to staying on schedule and seeing all of our patients at the time of their appointment. Please note that we may have to reschedule any appointment that is more than 10 minutes late. It will be considered a failed appointment. Being that we reserve time especially for you, if you need to change an appointment, we ask for a minimum notice of 48 hours. Please be advised that we do have a \$50.00 cancellation fee. Consecutive missed appointments can result in being dismissed as a patient.

Financial Policy

Our office accepts all major credit cards, cash and Care Credit. All co-payments are due in full at the time of service. Due to the extensive amount of time our staff and doctors devote to preparing and reserving uninterrupted time for appointments that consists of one hour or more, we require a deposit of \$100.00 to make your reservation. If you attend your appointment, that deposit will be put towards your co-payment, if the appointment is marked as failed, it will be put towards the cancellation fee.

Insurance Policy

We accept all PPO insurance plans and will gladly bill your insurance for you. However, we remind you that billing your insurance is a courtesy to you from our office. Your insurance policy is a contract between you, your employer and your insurance company; we cannot make any guarantee of any estimates we provide you, though we will do our best to see that you receive your maximum benefits. Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated.

Standard of Care Policy

Our primary concern is your complete oral health. We strive to provide all of our patients with the best standard of care possible. We recommend checkup radiographs once a year and full mouth radiographs every 5 years. It is the patient's option to decline radiographs though only for a period of 14 months.

If you have any questions about the Office Policies please speak with any of the dental staff.

I understand and agree to abide by Paso Robles Dental Care Office Policies

Print Name

Signature

Date