

Office Policy for North Aiken Dental

Dr. Taylor and Dr. Pompey

It is our intention that this agreement will help you understand how our office function and eliminate any misunderstandings between our office and you. Please read carefully before signing this document. **Please initial each line and sign at the bottom of the page.**

- _____Missing 2 or more appointments will result in dismissal from the practice. There will be a minimum \$50.00 charge for ALL missed appointments
- _____ Your dental card may be different from your medical card. Make sure you present the right card at the time of service.
- _____It is your responsibility to provide us with the correct information to bill your insurance properly.
- _____Insurance estimates are NEVER a guarantee of payment. If you do not have insurance coverage, FULL payment is expected at the time of service. Patients are responsible for the total cost of dental treatment regardless of insurance payments.
- _____We accept cash, personal checks, care credit, and all major credit cards. Payments are due when services are rendered. All returned checks will be charged a minimum fee of \$35.00.
- _____We ask patients to be here on time or give us a call in advance if you cannot be present for your appointments. We require you to call at least 48 hours prior to your scheduled appointment time to cancel or reschedule.
- _____All interactions between staff, parents, and patients should be cordial. The use of profanity by a parent, child, or any other family member in contact with our staff, any disruptive behavior, and threats of violence of any kind will not be tolerated.
- _____Only 1 parent is allowed back with their child at a time.
- _____Parents/guardians are NOT ALLOWED to leave the premises while their child is receiving treatment.

I have read and have a full understanding of the office policy of North Aiken Dental

Signed _____ Date _____