

## Treatment policies

**Payment for Services:** Payment is the responsibility of the patient. If the patient is a minor, the guardian present at the initial appointment is responsible for payment of any charges. Failure to keep this account current may result in the office being unable to provide additional dental services except for dental emergencies.

**Dental Insurance:** We will submit your insurance as a courtesy to you on your behalf to your insurance company. Your dental insurance may pay less than the actual bill for services. Communication with dental insurance companies has become difficult lately. You may be called upon to rectify problems with your insurance. You are responsible for any unpaid portion.

**Cancelled and Broken Appointment:** The scheduling of an appointment involves the reservation of time set aside specifically for you. A minimum of 24 hours notice is required to reschedule or cancel an appointment. Please note that if you do not keep your appointment or fail to cancel within 24 hours period you will be charged 30 percent of the full fee for the appointment.

**Returned Checks:** There is a \$25 fee for any returned check. Future appointments will not be scheduled until payment for the returned check and the \$25 fee is made in full by cash or cashier's check.

**After Hours Emergency Procedures:** If you need emergency dental care after hours, please call the office phone number. Follow the instructions. If it is not a dental emergency leave a message after the tone.

**Periodontal Treatment:** Patients with active gum disease (periodontal disease) will undergo gum treatment (scaling and root planing) to help correct this condition. This is the instrumentation of the crown and root surface to remove plaque and calculus for these surfaces. It is therapeutic and not prophylactic in nature. This may be a definitive treatment in some stages of periodontal disease. It can also be post or pre-surgical procedure on others.

**Periodontal Maintenance:** This is for patients who have previously been treated for periodontal disease. It starts after completion of active periodontal therapy and continues at varying intervals, determined by the clinical diagnosis of the dentist, for the life of the dentition. It includes removal of the supra and sub gingival plaque and calculus, site specific scaling and root planing where indicated, and/or polishing the teeth. When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

Should you have any questions about these policies, or any other aspect of your treatment, please discuss it with our office manager.

I have read and understand the policies described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_