

## **PLEASE READ CAREFULLY**

**Donald J. Roth, D.D.S.**

### **OFFICE POLICIES**

rev. 3/2011

**OFFICE HOURS:** The office is open Mondays 9 a.m. to 2 p.m., Tuesdays from 12 p.m. to 8 p.m., Wednesdays from 9 a.m. to 5 p.m., Thursdays from 12 p.m. to 8 p.m. and Fridays from 9 a.m. to 2 p.m.

**CANCELLATIONS:** Please give the office at least 24 hours notice if you cannot keep your appointment to avoid being charged. Although everyone is forgetful from time to time or has an unforeseen emergency, missed appointments are a great frustration because of the time spent in preparation for your visit and the expense of materials, supplies and re-sterilization of instruments. It is also unfair to our other patients when a valuable appointment time they could have used is wasted when someone does not show up. Each situation is judged on an individual basis, but you may be charged for the missed appointment. **Our cancellation fee is \$50 per appointment and per patient.**

**PROMPTNESS FOR APPOINTMENTS:** Please be prompt for appointments. When someone arrives late, the remainder of the day runs behind schedule. If you are too late for an appointment, it will become necessary to reschedule for another time and you may also be charged a cancellation fee. Sometimes Dr. Roth does run behind for a variety of reasons. We will attempt to contact you so you can delay your arrival at the office. Schedule your appointments well in advance if you have need for a certain time of the day or day of the week. Usually your next appointment is scheduled at the end of your visit.

**SCHEDULING FOR RESTORATIVE TREATMENT:** Dr. Roth schedules appointments for restorative dental work such as fillings and crown and bridge work during the morning and early afternoon hours only.

**PHONE CALLS:** The office phone will normally be answered Monday to Friday during working hours. Occasionally when we are very busy the answering machine will allow you to leave a message. We will return calls as soon as we become available.

**EMERGENCIES:** If you have a true dental emergency during our regular hours, please call the office and leave a message. We will return your call as soon as possible. If after hours Dr. Roth can be reached by voicemail/pager at (805)380-5247.

**PAYMENT OF SERVICES:** Payment in full is required at the time of your appointment. Cash, check, debit/credit cards (Mastercard, Visa or Amex) are accepted. Payment arrangements must be made in advance before treatment is started. For new emergency patients we will only accept cash or credit card as payment for your initial visit.

**CHECK ACCEPTANCE POLICIES AND RETURNED CHECKS:** We accept checks under the following conditions; if your check is dishonored by the bank for any reason you will be charged for the full amount of the check plus a processing fee of \$25 (or legal limit). If the check is returned for nonsufficient funds (NSF) we may require that you pay for the treatment by cash or credit card and in the future we may refuse the use of checks as payment for appointments and treatment. **The use of a check for payment is your acknowledgement and acceptance of this policy and its's terms.**

**PAYMENT PLANS:** In the event you are unable to make payment in full we offer payment plans through Care Credit and Chase Healthcare Advance. These plans allow you to divide the balance into low, convenient monthly payments often with no interest. Approval takes just a few minutes and we will be glad to process your application immediately. If approved, this payment plan does not require any direct payment by you at the time of treatment.

**DENTAL INSURANCE:** Patients who have dental insurance understand that dental services we provide are charged directly to the patient and that the patient is personally responsible for payment of all dental services. ALL patient deductibles and co-payments are due in full at the time of treatment. We will bill your dental insurance company for the insurance portion of your treatment only. This is a courtesy we provide to our patients and we will credit any insurance payments to the patient's account. However, we cannot render services on the assumption that our fees will be paid by your insurance company. In the event a portion of or all of the claim is not paid by your insurance carrier, you are still responsible for payment of your account in full. If you have two dental insurance plans (secondary carrier or dual coverage), we will only bill the primary carrier. We will provide you with the necessary paperwork for you to bill the secondary carrier in order to receive any possible reimbursement directly from them for services we have provided. **Please remember that any insurance estimates we have given you are ONLY ESTIMATES based on the information your carrier has provided us and these estimates are NEVER a guarantee of payment.**

WE VALUE YOU AS PATIENTS AND WELCOME YOU TO OUR OFFICE. WE TRUST THE INFORMATION PROVIDED IS HELPFUL.

**I have read and understand the above office policies. I have received a copy of these policies.**

**PATIENT SIGNATURE:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_