

# **West Shore Family Dentistry**

## ***Patient Office Policy***

***Welcome to our practice! We respect your time and would like to make your visit to our office as efficient as possible. Please review the following;***

**1. Payment Policy**

We expect payment at the time of your appointment for your portion of services performed. When checking out we will give you your ***estimated*** insurance coverage. The outstanding balance will need to be paid at the time of service. Regardless of your insurance benefits, payment for services remains your personal responsibility. For your convenience we accept cash, check, Visa, MasterCard and Discover. Should you have any questions, please feel free to call our office.

**2. Cancellation policy**

Please notify us as early as possible if you are unable to keep your appointment. ***A fee of \$25.00 will be charged for any appointment broken with less than 24 hours.***

*For our State funded plans after **3 missed appointments** you will be dismissed from our office.*

**3. Dental Insurance Policy**

We will be happy to file your dental claim *as a courtesy to you* as long as you are able to provide us with, your ***Insurance Card***, a ***State issued Photo ID*** and ***Social Security #*** of the cardholder and for parent /guardian of patient. Without Insurance information payment is due in full at the time of your appointment is your obligation.

**4. Hippa – Health Insurance Portability and Accountability**

When requested, a copy of the HIPPA privacy policy will be given.

**5. Child Care**

When a patient under the age of 18 present to our office they ***MUST*** be accompanied by a parent/guardian or grandparent that is required to stay until the patients appointment is over, or will be asked to return when he/she can be accompanied by a parent or legal guardian. Older brother, sisters, aunts, uncles are not to be considered as the guardian of the minor unless the minor is in their legal custody.