



Dr. Dominguez

Dr. Rucker

Dr. Walker

We are happy that you have chosen our office to provide you with the highest quality dental care that you deserve. Our purpose is to improve service and quality of care for you so that you can regain and maintain your health as quickly, efficiently, and inexpensively as possible.

Time is of the essence so we ask that you be **on time** for your appointments, this is only in consideration for the next patient and our TEAM. We set aside a time and date just for you. If you cannot keep your appointments and adhere to our treatment recommendations, we will not be able to continue treating you in good conscience. Therefore the following policies must be agreed upon:

1. No- Shows are not acceptable. There is a **\$50** fee for all no-show (failed) appointments. This fee is not covered by your insurance. If you cannot make an appointment (except in the case of an emergency) you are expected to call within 24 hours prior to your appointment to reschedule. This is critical to avoid setbacks in the care and maintenance of your oral health.
2. Any patient who has failed to keep their commitment to their scheduled appointment, and has failed to contact our office more than twice may be dismissed from our practice.
3. Timeliness is required. If a patient is more than 15 minutes late, they may be asked to reschedule their appointment.
4. Insurance: Treatment recommendations are based on your health **not** on your insurance benefits or lack of insurance. Remember insurance companies provide basic/preventative coverage **not** the comprehensive coverage that most patients will require. As a courtesy, our administrative team will be happy to bill your **primary** and/or **secondary** insurance carrier.
5. Insurance estimates: As a courtesy we will provide you an estimate of benefits; however your benefits are a contract between you and your insurance company. You are fully held responsible for any treatment performed. As we are not responsible for what your insurance will or will not cover. This is a **zero balance** office; In order to schedule an appointment **we expect half of your estimated co-pay upfront** and a signed financial agreement. The other half of your co-pay will be collected at the time of your appointment. We have financial options available for all of our patients, please speak to one of our administrative team members if you have any questions.
6. Outstanding balances: We reserve the right to send your overdue account to collections. If your account is sent to collections, there will be an administrative fee of \$25.00 added to the balance.

It is our goal to ensure the complete satisfaction of all of our patients with the service and care they receive at our office. Should an issue arise, please bring it to our attention immediately. We will do everything in our power to resolve the issue. You can expect to receive the same high quality of care, as you always have. These changes will allow us to operate more efficiently.

We greatly appreciate your cooperation.

_____ (Patient/Guardian signature)

_____ (Date)