

Office Policies

Cancellation Policy:

Our goal is to provide you with quality dental care and personal attention. Your appointment time is reserved exclusively for you, if you cannot keep your appointment, please provide at least 24 hour notice. Failure to do so will result in a \$25 cancellation fee and we will require a credit card number to reserve future appointments.

Release of Dental Records & Assignment of Benefits Policy:

To the insurance company: (if applicable)

I authorize Leon Springs Family Dental to release any dental records to my insurance company upon request including, but not limited to periodontal charting, x-rays and diagnostic photos. I also authorize payment of the dental benefits otherwise payable to me directly to the above named entity.

Insurance: (if applicable)

Please understand that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or for what benefits they pay on the claim. We can only assist in **estimating** your portion of the cost of treatment, we at no time guarantee what your insurance company will or will not do with each claim. The percentage paid is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company.

Returned Check Policy:

A \$25.00 fee will be assessed for all returned checks.

Acknowledgment:

I hereby acknowledge and agree to the above policies.

Patient Name/Responsible Party

Date