

## Important Office Policies That You Need To Know

- IAOMT (International Academy of Oral Medicine and Toxicology) protocols are used in our office for amalgam or metal removal. We do not vary from the use of these protocols.
- All large cosmetic and sedation treatment must be prepaid at least one week in advance of your appointment.
- Treatment requiring 3 (three) hours of chair time or more will require a 50% (fifty percent) non refundable payment.
- **We only see 1 (one) patient at a time and your appointment RESERVATION is made especially for you. We TRUST you will attend your reserved appointment time. Last minute cancellations may affect many other patients. If within 24 hours of your reserved appointment time you cancel your appointment a cancellation fee of \$200 per reserved treatment hour will be charged.**

## Dental Insurance Overview and Account Guarantee

- Your Dental Insurance is a contract between you, your employer and the dental insurance company. Dr. Sandford and her Associates are not a party to that contract. The doctors in this office are considered *Out of Network Providers* except for Delta Premier, Cigna Radius and Connection Dental.
- Not all dental services are a covered benefit in all contracts and it is your responsibility to know what your plan covers. Only your dentist can diagnose and prescribe needed treatment, not your dental insurance company.
- We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our region. If your dental insurance company uses a different fee schedule you will be responsible for any balance they choose not to pay.
- We will process and submit your dental insurance claim on your behalf to your Insurance Company to pay your benefit in full. If your dental insurance company does not pay for your treatment in full for any reason, we will expect payment for your remaining outstanding balance to be paid in full immediately.
- We are only **ESTIMATING** the portion of your balance you are responsible for at the time of treatment. Your dental insurance company can **DOWNGRADE** or **DENY** a treatment procedure thereby obliging us to **COLLECT** the remaining balance from you.
- **If my dental insurance company denies or downgrades my claim I understand that I am still responsible to pay my entire balance in full.**

Patient Signature \_\_\_\_\_

Today's Date \_\_\_\_\_