



We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs. We are serious about providing superior dental care at reasonable prices, and proud of our dedication to our patients. Our goal is to help you feel and look your very best through excellent dental care.

Please take a moment to review our office and financial policies.

## **Appointments**

Upon arrival, please sign in and let the receptionist know you are here. Please update any changes in your address, phone numbers, or insurance information.

We confirm appointments as a courtesy to our patients, 48 hours prior to the appointment. We ask that you also give us 48 hours notice if you need to change your appointment.

Late arrivals of greater then 10 minutes may be asked to reschedule their appointment(s).

All minors must be accompanied by a parent or guardian as we need your permission to treat them

In order to complete a thorough examination, diagnosis and treatment plan current x-rays are necessary. Patient is responsible for providing a copy of bitewing x-rays (less than one year old) and a panorex (less than five years old). If copies are not provided patient may be financially responsible for the cost of new x-rays.

## Insurance

I authorize and request my insurance company to pay directly to Michael D. Farmer, D.M.D., Inc.

As a courtesy to our patients, we do file your insurance for you. However, it must be stressed that *your insurance is a contract between you, your employer and the insurance company*. We will do our best to help you receive your maximum benefits, we will not become involved in disputes between you and your insurance company regarding covered charges, secondary insurance, reasonable and customary determinations, etc.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

## Treatment Plans

An estimate will be provided for all treatment plans.

For patients who have insurance, an *ESTIMATE* will be given of the benefits that the insurance company is expected to pay. Any co-payment is expected at the time services are rendered.

Treatment plans are subject to change. In the event of any changes patient will be advised.

## **Payment Options**

We accept Cash, Check, MasterCard, Visa, Discover. We also accept Care Credit. Please ask our staff for information on this dental finance program. The application process only takes a few minutes.

SIGNATURE OF PATIENT (or parent if minor)	DATE