

Avery's Creek Family Dentistry

OFFICE POLICIES

Thank you for choosing Avery's Creek Family Dentistry to provide your dental care. Our commitment is to provide you with the highest quality of dental care while developing and maintaining long-term relationships with you and your family. We will always be able to provide you with comprehensive treatment plans and will explain and discuss treatment options, payment options, and estimated insurance amounts. We will also always strive to treat you just like we would want a member of our own family to be treated.

Appointments

A specific amount of time has been reserved for you when making your appointment. Please be considerate in giving us at least **24 hours** notice when needing to reschedule an appointment. Repeated broken (not showing up) appointments can result in a \$25 fee.

Appointment Confirmations

We **require** all appointments be confirmed prior to the appointment either by call, text or email. Please respond to our communication to confirm your appointment. We have an answering service where you can leave a message if the office is closed.

Insurance

We will file your insurance for you as a courtesy. **However, it is important to understand that our office can only provide you with estimations of what your out of pocket expenses will be.** We try our best to estimate your patient responsibility with the most up to date information provided from your insurance company. Ultimately, you are responsible for reconciling your account for any services rendered.

Payment/Payment Plans

We require payment in full at the time of service. For patients with insurance, we require payment for the estimated coinsurance, which is the patient portion insurance does not cover at the time of service. To finance dental work, we use Care Credit. Care Credit is a no or low interest finance plan that we offer to our patients for assistance. This has been a very helpful resource for many patients to spread payments out over 6 or 12 months. We are happy to give you all the information so that you can apply for Care Credit. **We are not able to finance any dental work outside of the use of Care Credit. Patients with a balance past due 60 days can be charged a \$20.00 statement fee. All balances 90 days past due will be turned over to a third party for collections.**

Privacy Policy

We will not share your information with anyone who is not listed on your HIPAA form. A copy of our Privacy Policy is available upon request.

We appreciate the confidence you have placed in us to take care of you and your family's dental health. Please feel free to ask any questions you have regarding any changes to our office policies.

Signature of Patient or Responsible Party: _____ Date: _____