WAYNE A. ALDREDGE, D.M.D. Board Certified Periodontist

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# Welcome to our office.

## Please take a few minutes to read and review our office policy form.

We want to thank you for choosing our practice for you dental health care needs and we appreciate the opportunity to provide you with quality healthcare. Our goal is to make you aware of our office financial policies and procedures. Your clear understanding of our policies is important to our professional relationship.

#### CONSENT TO CARE

I wish to be treated by Holmdel Periodontics and Implant Dentistry. While I am a patient, I permit my doctor(s), the office employees, and all the persons caring for me in the ways they judge are beneficial to me. I understand that this care may include tests, examinations, and dental treatment.

### MISSED/CANCELLED APPOINTMENTS

Patients are seen by appointment only. As a courtesy to our patients, we try to confirm your next appointment. A minimum of 48 hours notice is required for canceling an appointment; there is a \$75.00 missed appointment fee. Missed appointments are a cost to us, to you, and to the patient who could have used this time slot that was set-aside for you.

#### FINANCIAL AGREEMENT

We are doing everything possible to minimize the cost of periodontal care. You can help a great deal by eliminating the need for us to bill you. Full payment is expected at the time of service unless other arrangements have been made in advance. This includes applicable deductibles and co-payments for participating insurance companies. Co-payments are to be paid on the date of service.

If your dental insurance is with a managed care company with which we contract, we are required to follow certain rules and regulations.

These benefit packages provided by insurance companies vary from employer to employer. You need to learn the benefits in your policy and follow the rules of the policy. We will bill the insurance company with whom we participate; however, if we are not paid within 60 days you will be expected to pay the bill in full. Except as provided by contract or state law, you are responsible for all charges.