

Four Peaks Family Dentistry

Welcome, and thank you for choosing our office. We look forward to serving your dental needs. Our first and foremost goal is to provide thorough and efficient dental care for you and your family. We can do this most effectively when there is trust and open communication between us.

In regards to **insurance**, please be sure to inform the receptionist if there have been any changes to your plan or policy prior to your appointment and provide an insurance card if one is available. It is your responsibility to find out before the appointment if your new insurance has any limitations or exclusions regarding services or providers. **Your dental insurance is a contract between you, your employer and the insurance company.**

As a courtesy to our patients, insurance claims are filed for free by our office. **Benefits are assigned to our office and any applicable co-pay and/or deductible will be expected at the time of the visit.** Co-pays are estimated based on the information we receive from the insurance company and paying at the time of appointment helps in our effort to keep costs low. For your convenience, we accept cash, personal check, Visa, MasterCard, Discover, American Express, Care Credit and Citi Health Card. **Payment for treatment received that day is due upon arrival for your appointment. Your portion will be collected prior to the start of treatment. If a balance is unpaid and your account is turned over to a collection agency, a 30% fee will be added to the balance.**

We work diligently to respect the time of all of our patients and ask for the same respect in return. **Please give 48 hours notice in the event an appointment must be cancelled or rescheduled. We charge a broken appointment fee of \$80 Per Hr. for insufficient notification.**

All minor patients must be accompanied by an adult when visiting our office. The adult bringing the child is responsible for paying any co-pay and/or deductible that may result from the child's appointment. If the child is old enough to drive him or herself, please send a check or other form of payment to cover their co-pay.

From time to time we may need to refer you to a specialty office for dental work. These offices are not connected to ours in any way. The fees they charge and the insurance they participate with or accept may be different from ours. Please call them before your appointment to find out what your financial obligations will be prior to your visit with them.

Thank you again for choosing us as your dental office. By undergoing treatment at our office, you agree to abide by the terms outlined above. If you have any questions or concerns, please feel free to ask any one of our team. Please keep a copy of this for your records.

Signature: _____

Print: _____

Date: _____