

7730 Boynton Beach Boulevard, Ste 6 Boynton Beach, FL 33437 (561)736-1900 (561)736-1966 Fax

## **OFFICE POLICIES**

- 1. Our office requires at least 24 hours notice if you are canceling a scheduled appointment.(If the appointment is on a Monday, we would need to hear from you by Friday a.m.) A broken appointment fee will be charged if prior notice was not given.
- 2. Please call the office if you are going to be late for your appointment. We might find it necessary to reschedule your appointment. Our office runs on a schedule, and when one patient is late, it will make the dentist run late for all of the following appointments. It is not fair to our other patients, who are on time to their scheduled appointments, to make them wait due to your tardiness.
- 3. Please turn your cell phone off upon entering the operatory for treatment.
- 4. Payment is due at the time of service. Patients with insurance are expected to pay all deductibles and co-insurance amounts at the time of service. Our office does call your insurance company for a general breakdown of your benefit structure, however, patients are expected to know their specific benefit plan. Insurance plans are structured through your employer and can vary in coverage. Please call your insurance company before any treatment is performed to make sure it will be covered. Patients will be responsible for any treatment fees which are not paid by their insurance company. We are happy to submit your dental claims for payment, however, patients are ultimately responsible for any unpaid balance over 30 days from the date of treatment. Please make sure your insurance company pays in a timely manner.
- 5. Due to the new HIPAA laws and privacy of our patients, we must ask parents and spouses to remain in the waiting room at all times, unless called upon by a staff member for you to accompany that patient. It is prohibited for anyone other than the patient to be allowed in the hallways or treatment areas.
- 6. Please do not leave children unattended in the waiting room or restroom. As a courtesy to other patients, please straighten up all toys, books and magazines your children have played with before you leave the office. No food or drinks are allowed in the waiting room at anytime.
- 7. All record requests must be submitted in writing and signed for by the patient or legal guardian only. Please give at least 24 hour notice for the duplication of x-rays and/or records. In accordance with Florida statutes, original x-rays cannot leave the office and must remain a part of a patient selected selected for 7 years. A fee for the duplication of radiographs will apply unless our office has referred the patient to a specialist.

Signature:	Date:
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