Statement of Office Policy



In our continued commitment to provide the highest quality of dental health care available to all our patients and to have those services comfortable and affordable, we have made certain changes in our policy that will create the maximum flexibility for each of our patient's individual needs.

1. AS SERVICES ARE RENDERED

For those patients desiring to pay cash or check at the time of visit, we will continue to offer you a 5% discount for payment on all services of \$200.00 or more.

2. CREDIT CARDS

We accept MasterCard and Visa as payment when services are rendered with a 3% discount for amounts over \$200.00.

3. INSURANCE BENEFITS

Please review our office policy regarding your insurance benefits below.

4. CARE CREDIT

Will provide you, upon approval, with a dental line of credit that is similar to using your MasterCard or Visa.

We honor our senior citizens with a 5% discount.

We now find it necessary to institute changes in our office policies. We appreciate your cooperation and understanding while we endeavor to provide you with the best possible dental care.

- **LATE POLICY:** If you are more than 10 minutes late for your appointment, we will make every effort to fit you into the schedule. Otherwise, we will have to reschedule your appointment and a missed appointment fee may be incurred.
- **MISSED APPOINTMENT:** \$75. Missed appointments are appointments cancelled with less than 48 hours notice. Multiple missed appointments may result in your dismissal as a patient.
- **DENTAL RECORDS:** To obtain copies of your dental records, you must sign a Dental Release form. Please allow one to two weeks for processing records.

Insurance Information

We are happy that you have the benefit of dental insurance to help maintain excellent oral health. As a COURTESY to our patients, we will be pleased to submit that proper information to your insurance company to aid you with acquiring your dental benefits. To accomplish this, we must have insurance forms and completed information provided at the time of the appointment. If information or forms are not provided, your account will be treated as an open account and payment will be due in full at the time of the appointment. Please remember to bring your insurance card with you so that you may receive proper reimbursement. We will need a signature on file to be able to send out the insurance claims.

Patient's Signature	Date
Insured	Date

Melanie R. Love, DDS Mark A. Miller, DDS