



## OFFICE POLICIES UPDATED 2017

Thank you for choosing Winter Garden Smiles for your General and Pediatric dentistry needs. We are committed to providing quality dental care for your entire family in a friendly and caring environment. The following is a summary of our office policies for your review. We will be happy to answer any questions you might have about our policies.

### Appointments

We are dedicated to staying on schedule and seeing all of our patients on time for their appointments. We do ask that our patients arrive on time for their scheduled appointment. We recommend arriving 5-10 minutes early so that you can check in and fill out any additional information that might be needed. Please be aware that dental emergencies could occur at times and this can cause a delay in your appointment. We are committed to treating all true dental emergencies and will advise you immediately as to the status of your appointment.

### Scheduling Treatment Appointments

Our office requires a **\$50.00 non-refundable scheduling deposit for our general dentist patients and \$75.00 non-refundable scheduling deposit for our pediatric patients**, for appointments over \$300.00. This deposit will be required at time of scheduling an appointment. Rescheduling, canceling or failing to show up for your appointment without 2 business days notice will result in a loss of your deposit. Deposits will be credited towards your treatment at the time of the appointment.

### Late Policy

We expect our patients to arrive on time for their scheduled appointment. ***Please note that we will have to reschedule your appointment if you arrive more than 10 minutes late.***

### Cancellations

We reserve time especially for you. If you need to change your appointment, ***we ask for a minimum notice of 48 business hours. A \$25.00 charge for each half hour*** will apply to your account for rescheduling, canceling or failing to show up for your appointment without 2 business days notice. Winter Garden Smiles reserves your appointment time exclusively for you. Consecutive missed appointments can result in being dismissed as a patient.

### Weekend and After Hours

Patients of record with true dental emergencies after regular business hours should call our office for information on how to contact one of our doctors. Our office does not have an on-call dentist to see patients during these times. We will assist you as best as we can during this time. If patients require to be seen immediately during off hours we will inform you to visit a urgent care dentist or hospital.

## General and Pediatric Patients

Patients aged 12 and under will be assigned to our pediatric dentist. Patients aged 13 and above will be assigned to one of our general dentists. Children above 13 years of age can continue to be seen by our pediatric dentist per doctor discretion.

### Financial/Insurance Policy

- **Patients without insurance coverage:** The fee for treatment rendered must be paid in full on the day of service.
- **Patients with insurance coverage:** The estimated patient copay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees generated by your insurance. You are responsible for knowing your insurance coverage before your appointment.

**PLEASE UNDERSTAND** that we file dental insurance as a courtesy to our patients. We do not have a contract with your insurance company, only you do. We are not responsible for how your insurance company handles its claims or what benefits they pay on a claim. We can only assist you in **estimating** your portion of the cost of treatment. We never guarantee what your insurance will or will not pay with each claim.

**We accept Visa, MasterCard, American Express, Discover, Care Credit, and cash for payment of the amount due.** We do not accept **checks**.

### Collections

All accounts which have not paid the estimated portion of their bill at the time of service will incur a \$3.00 billing charge each month until the balance is paid. Balances which are 60 days old or older will incur monthly 1.5% finance charge which equals an 18% per annum rate.

Any account that has not received payment in 60 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. Any charges incurred during this process will be added to the account balance.

\_\_\_\_\_  
Patient signature/legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship