



# OFFICE POLICIES

**At Arlington Center for Dentistry, our mission is to provide the highest level of care with equal attention to the comfort and convenience of our patients. The following policies are designed to make this possible.**

## FINANCIAL AGREEMENT

An *estimate* of the cost of your recommended treatment plan will be provided at the end of your initial appointment.

For easy and affordable care, Arlington Center for Dentistry participates with several options:

- PPO Dental Plans
- Certain HMO / DHMO Plans
- Certain Dental Discount Plans
- Affordable Care Plans
- Fee for Service/Self-Pay

We accept cash, personal checks for amounts less than \$200.00, all major credit cards and Care Credit as methods of payment.

## INSURANCE

If you have dental insurance, please note that we are only able to provide an estimate of benefits based on the information provided to our office by you and/or your dental plan. These estimates are not a guarantee that services will be covered. Limitations or exclusions that are not disclosed to our office by your dental carrier may exist in your plan.

If you have multiple dental insurance plans, our office will bill a maximum of two dental insurances for you. Your estimated patient responsibility will be calculated based on your reported primary insurance benefits only. Once payment is received from your primary insurance, we will send a claim to your secondary insurance. Once payments from both your primary and secondary insurance are received, you will be notified of any patient credit or balance due.

Dental insurance is a contract between the patient and the insurance carrier. Our office will accept assignment of benefits from insurance; however, ultimately, the entire bill remains your responsibility.

In the event the dental plan does not cover your treatment, or if it is cancelled and/or terminated, or if it cannot be verified before your appointment, you are responsible for the full cost of all treatment performed. If and when payment is received from your insurance carrier, you will be notified of any credit or balance due.

All patients are responsible for full payment of any balance due within (90) days of the date of service. Dental benefits are estimated as a courtesy to our patients. The final treatment cost will be determined by the dental plan.

Failure to pay for treatment on time may result in collection procedures. If collection procedures are required, the patient is responsible for all collection costs.

## APPOINTMENTS

Our office hours are:	Monday – Friday	8 AM – 7 PM
	Saturdays	8 AM – 3 PM

## CONFIRMING APPOINTMENTS

As a courtesy, our office will send appointment reminders by phone calls, text messaging and e-mail. If you would like to opt out of the reminder service, please inform our staff and we will update your account to remove up to two of the communication formats. We reserve the right to keep one communication method to confirm appointments.

## KEEPING APPOINTMENTS

Your appointment is a block of time that is especially reserved for your dental care. Please arrive 10 minutes before your scheduled appointment time so you have time for parking and to review appointment information.

A late arrival jeopardizes the time available for your visit and our ability to be on time. Patients arriving 10 minutes late or more to an appointment may have to reschedule the appointment. Patients arriving 10 minutes late or more may also be subject to a late charge. Patients who arrive late to three appointments will be dismissed from the office.

Patients who miss an appointment will incur a late charge. Patients who miss three appointments will be dismissed.

**For the consideration of your doctors and fellow patients, we require at least 48 hours' advance notice to change an appointment. Failure to provide the required 48-hour notice will incur a charge:**

<b>Specialist Appointments:</b>	<b>\$50.00</b>
<b>Peak Time General Dentist Appointments:</b>	<b>\$50.00</b>
<b>Non Peak Time General Dentist Appointments:</b>	<b>\$25.00</b>

*Peak Time appointments: 8AM to 10AM Monday—Friday 4PM to 7PM Monday—Friday 8AM-3PM Saturday*

**By signing below, I acknowledge that I understand agree to follow these policies.**

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PATIENT / PARENT / GUARDIAN (PRINT)

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PATIENT/ PARENT / GUARDIAN SIGNATURE

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DATE

Our dental team is committed to delivering excellent dentistry to all our patients.  
We are so glad you chose our team to care for you.  
Welcome to Arlington Center for Dentistry!