

19th Avenue Dental

We look forward to providing you with complete and personal dental care. We would like to gather information about your goals and current dental health to diagnose your dental needs. Together we would like to review your dental information and develop a treatment plan that fits those needs. Out of respect for your time, our time and our many other patients, please review our policies listed below.

Cancellations and No Shows

As a courtesy to our office, please make any changes or cancellations **48 hours** prior to your scheduled appointment. A cancellation with less than 24 hours notice or failure to show for an appointment may result in a charge to your account at a minimum of \$40.00, and is at the Office Manager and Dr. Yamaguchi's discretion. In some cases the cancellation fee must be paid before we can reschedule an appointment. Frequent short notice cancellations or failures may result in patient dismissal.

Timeliness

We value your time and don't want to keep you waiting. Occasionally, we are delayed by an unexpected procedure with another patient, but please be assured that the quality of your treatment will not suffer. If you arrive late, your treatment will end at the scheduled time in order to not keep the next patient waiting. If you arrive too late, it may be necessary to reschedule your appointment.

Emergencies

For patients of record we do our best to respond promptly to your needs. However, out of respect to our previously scheduled patients, we appreciate your flexibility as we work you into the best opening in our schedule.

Insurance

As a courtesy we bill your insurance company, if we are provided the necessary information. Your insurance is a contract between you, your employer and the insurance company. We are not a party in that contract.

Financial Policy

If you do not have insurance, we require full payment for treatment at each visit. For those with insurance, we will estimate approximate out of pocket portion which is due at the time of treatment. Once the insurance has paid there may be a residual balance owing, which is the patient's responsibility.

We accept cash, check, Visa, or MasterCard. For those requiring a payment plan, we work with a finance company called Dental Fee Plan that may be able to assist you. It is important to communicate any financial problems as soon as possible. Any account balance over 90days is subject to an interest charge of 1.5% per month (18% annually), minimum charge \$1.00. Please notify the receptionist of any changes in phone, address, or insurance information, as well as any changes in your health or medications.

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I acknowledge that I have read and understand the policies stated above. I, the undersigned, hereby agree that in the event of default of any amount due, and if the account is placed in the hands of an agency or attorney for collection or legal action, to pay the costs including agency, attorney fees and court costs incurred.

Today's Date _____ Patients' Signature _____

If patient is a minor, guardian or parent must sign