

## POLICY AND PROCEDURE

**OUR OFFICE IS AN AMALGAM FREE OFFICE**, which means we do not do any silver fillings. All of our fillings are done with resin material that is matched to the color of your teeth. Most insurance companies will pay as though an amalgam filling was done because they are less expensive. For example, if the resin filling cost is \$100, the insurance company may pay for that same filling done as an amalgam (silver) filling which may be \$80. Insurance would then pay their percentage based on that lower fee. It is your responsibility, as the patient, to pay the difference. We do our best to estimate what your costs will be. We are always glad to answer any questions you may have.

**PHOTO RELEASE-** I hereby grant the Dental Office to use, publish, copyright, and/or reproduce in any form all photographs of my teeth, dentition, or case study. Unless otherwise granted I know that my whole face will not be used. Only the images of my teeth including before and after intraoral images, radiographs and images taken from a digital camera. All negatives and positives shall be considered the property of the Dental Office. I understand no compensation will be made to me or my family.

**ADULT SUPERVISION IS REQUIRED FOR ALL CHILDREN** 13 and younger and all children who have medical conditions who are 17 and younger. Please check with the doctor or office staff regarding your child's health status with our office. If your child is left unattended, treatment will be stopped immediately and you will be charged for the cost of the appointment. If your child is over 14 years old and you must leave, you are required to provide a cell phone number and an additional emergency number. Please note; insurance does not allow us to bill them for treatment that was not completed due to patient non-compliance. When restorative work is being completed on a minor under the age of 18 a parent must be present to sign the treatment plan and consent forms. This may also be done electronically prior to the appointment time.

**CELL PHONES MUST BE TURNED OFF** while in the treatment areas. If we are unable to complete treatment due to cell phone use, you are still responsible for the cost of the appointment. Please note; insurance does not allow us to bill them for treatment that was not completed due to patient non-compliance.

**PLEASE BE AWARE WE ARE ENFORCING MISSED APPOINTMENT FEES-** Please review this section on page one of the office policies.

**DUPLICATION FEE-** There may be a \$50 duplication fee per family to copy all x-rays.

**WE RESERVE THE RIGHT** to update our office policies at any time. As a patient you agree to abide by the policies set forth in our office.

I HAVE COMPLETELY READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT. I AGREE TO COMPLY WITH ALL OFFICE POLICIES.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Responsible Party Signature: \_\_\_\_\_