

Information for Parents/Patients

It is our goal to provide the best dental care possible for our patient/your child. To accomplish our objective, we must establish some policies and procedures.

Office Hours

Our office is open Monday, Wednesday, and Friday from 8:00am to 5:00pm. Tuesday and Thursday, 8:00am to 6:00pm. Saturday 8:00am to 1:00pm. Occasionally emergencies do arise. We will do our very best to accommodate emergency appointments.

Prescriptions

We will phone in prescription refills if your prescription is current and we have seen your child(ren) in the time frame suggested. Please give us 48 hours notice of your prescription refill. Refill requests made after 5:00pm on a Thursday will not be acted upon until Monday morning. Please be aware of your usages and plan accordingly.

Missed Appointments

Please give us twenty-four (24) hours notice if you need to cancel or reschedule an appointment. Accordingly, if you do not call to cancel your appointment within the appropriate time frame, you will be charged a \$25.00 missed appointment fee.

After School Appointments

We do our best to accommodate every one's busy schedules. We have found that it is in the best interest of our younger patients (6th grade and under) to have their appointments in the morning and early afternoons (between 8:00am and 1:00pm).

Payment Policy

Our payment policy is: Payment is expected at the time service is rendered. We will provide you a Superbill for you to submit to your insurance, if any, for reimbursement. Of course, on occasion, unusual financial circumstances may arise. If there is some type of financial problem, please let us know promptly so arrangements can be made.

We Are Here For You

If you have any questions, concerns or comments, please feel free to contact us or our Office Manager.

Privacy Practices

I have received a copy of this office's Notice of Privacy Practices.

E-Mail

I consent to use of my e-mail address by Associated Dental Specialists only for notification and contact purposes.

I have read, understood, and agree to abide by the policies stated above.

_____ Signature

_____ Printed Name