

## Office Policies

Last Name:

First Name:

Birthdate:

Date:

-Operatories: I understand that it is at the discretion of the provider to allow or restrict persons entering the operatory.

-Patient Privacy: I understand that patient privacy is important, and that the provider may restrict usage of technology while in the operatory.

-Cancel/No Show: If my appointment needs to be cancelled or rescheduled, I agree to notify Troy Metro Dental within twenty-four (24) hours of the scheduled appointment date. I understand that failing to provide a twenty-four (24) hour notice enables Troy Metro Dental to assess a thirty-five dollar (\$35.00) missed appointment fee, and or submit a notification of the missed appointment to my insurance.

-Financial: I understand that payments are due at the time of service. Adult(s) consenting to treatment on behalf of a minor, maybe financially responsible for services rendered. Returned payments are subject to a fee of twenty-five dollars (\$25.00). Reimbursements for overpayment will be returned to the patient on file by mail.

-Insurance: I understand that Troy Metro Dental is not an insurance company, and that I must provide full and complete insurance information to assess treatment eligibility. I further understand insurance carriers do not guarantee payment for services rendered, therefore estimates provided by Troy Metro Dental cannot be guaranteed. I will promptly schedule a repayment plan for claims denied for any reason(s), including but not limiting to lapse of insurance, lack of referral and/or authorization. I acknowledge that Troy Metro Dental cannot reduce or waive co-insurance or co-payment(s), if such payment is mandatory by the insurance company.

-Non-Insured/Un-Insured Patients: Financial counseling is provided by Troy Metro Dental to make the cost of treatment feasible for patients who are not insured or under-insured.

-Records: In an effort to reduce patient disclosure, patients record(s) requests must be submitted in writing, along with an ID release for pickup.

I have read, and understand the outlined office policies; further I agree to honor my financial commitment Troy Metro Dental.