

WELCOME LETTER

Thank you for choosing our office for your dental needs. We are committed to your treatment being gentle and successful. We would like to take this opportunity to provide information that will be beneficial in the future.

INSURANCE: Please provide our office with any booklets or other insurance information as well as your dental insurance card. We may accept assignment of insurance benefits at your first visit if we have first verified your current coverage. If we cannot determine your coverage we will ask for payment in full at time of treatment. Otherwise you will be asked to pay the deductible (if applicable) and any amount not covered. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance program.

NO INSURANCE: Please be prepared to pay for your visit at time of service. If you would like to make monthly payments, please ask about our partnership with Care Credit. This plan benefits you most when paid within the time allowed as there is no interest. We will be happy to provide the information for application. If you pay by cash or check you will receive 5% off the treatment. For your convenience we also accept Visa and MasterCard.

USUAL AND CUSTOMARY RATES: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You will be responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

CONFIRMATION/CANCELLATION OF APPOINTMENTS: If you find that you cannot keep an appointment please notify our office within 48 hours of the appointment so that we may use this time for another patient. We try to call and confirm all appointments prior to the appointment. If you miss you're appointment we will charge you \$25, and cannot schedule you another appointment until that has been paid. Then when you come to you're next appointment that \$25 will be put towards you're account. If a second appointment is missed there will be a \$50 charge, thereafter you will be required to pay for the complete appointment prior to doing the work.

MAJOR SERVICES: We prefer to predetermine major dental work so that we may confirm what your insurance may pay. Once a predetermination is returned to us we will notify you by mail. Dr. Kay reserves Friday mornings for crown and bridge preparations so please plan your schedule accordingly. We also ask that you come prepared to paid you're portion at the time of the appointment.

ILLNESS: If a patient has been ill within 24 hours before appointed treatment, please call our office to reschedule. Also if you have any mouth sores (cold sores, canker sores) let us reschedule you for you're comfort.

MEDICATION: Please be sure to inform our office of any medications you are taking and any medical problems you may have.

MINORS: We need the parent's (or legal guardian's) direct permission to render dental treatment. If you will be leaving you're child we will need to have a phone number to contact you.

X _____ Date: _____
(Signature of Patient or Responsible Party)