

## Our Office Policy

Thank you for choosing Dailley Dental Care as your dental provider. It is our goal to provide the best care possible to our patients. In order to accomplish this we do not allow insurance companies or dental benefits become a determining factor in our diagnosis. Your treatment is based on your individual needs, and we assume you are as concerned as well we are in maintaining your good health. In order to make our relationship work more effectively we would like to make you aware of our office policies.

### ***Our Financial Policy***

Payments for dental services are due in full on the day of your appointment unless other arrangements have been made in advance. We do accept *cash, check, credit cards*, and *CareCredit*. Our team members will gladly assist you maximizing your dental benefits and discuss financial options to help minimize your out of pocket costs.

### ***Missed Appointments***

While we very much value our patients, failed appointments are costly to the office, ultimately affect the cost of everyone's dental care. In order to avoid a cancellation fee of \$75 charge we do require telephone notification of a cancellation at least 48 hours prior to your scheduled appointment directly with a member of our staff.

### ***Dental Insurance***

The term "dental insurance" is misleading. It should be more correctly referred to as a "dental supplement". Dental benefits are not intended to pay for everything, but to assist with the cost of the treatment by paying a percentage of each procedure up to a set yearly maximum. Your dental benefits are established by the plan package your employer has purchased, and that plan can change at will without notification to our office.

As a courtesy to you we will submit your claims to your dental carrier, and accept assignment of benefits. By doing this you will pay your **estimated** copayment at the time services are rendered and we will submit your claim to your carrier for the remaining portion. We cannot guarantee any **estimate** we make, and should your dental plan pay less than expected, you will be fully responsible for the balance. Although we do our best to provide accurate **estimates** of your dental coverage for each procedure, we cannot accept responsibility for any denials of any procedure by your carrier. It is each patient responsibility to understand their dental benefits. We value you and your family as patients and friends, and we strive to do our very best in accurately estimating your copayment responsibilities, however, your dental health is our first concern.

**I have read the above information and understand that I am responsible for familiarizing myself with all aspect of my dental benefits. I do understand that I am responsible for charges not covered by my plan. I also give permission for the office of Dr. Dailley to contact me via cell phone about my account or any dental insurance matters.**

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Signature of Patient, Parent, or Guardian

Date