

# Blossom Family Dentistry

## Office Policy

### Appointments

Our patients should understand the importance of giving us complete cooperation in making and keeping their appointments. Our office operates with definitive appointments made by our patient, and therefore, we do not encourage patients to walk-in without appointments. We make every effort to see our patients in a timely manner. However, emergencies and unexpected situations do occur and may cause us to be off schedule. And this is unavoidable.

If you are unable to keep an appointment, we ask our patients to notify us immediately. Our patients should provide us with at least ***twenty-four hour notice to cancel their appointment***. This courtesy, on your part, will make it possible for us to adjust our schedule and assign your appointment time to another patient. However, if a patient fails to show up for a scheduled appointment or do not give us at least 24-hour notice to cancel an appointment, we will, at our discretion, **charge a missed appointment fee of \$50.00 for every scheduled hour**.

As a courtesy, we will try to call our patients at their work or residence the day before to confirm their appointment. Nevertheless, patients are still expected to honor their scheduled appointment time whether or not a call is made by our office.

### Financial Fees and Responsibilities

Our patients should understand that in order for our office to deliver optimal care for them and their families, we must maintain our office on sound business principles. To minimize patients' costs and to keep our fees reasonable and fair to our patients, we will not send monthly statements.

Therefore, payment is due at the time service is rendered. However, payment arrangements can be made for treatments requiring multiple visits and for those patients with good credit history with our office. Our goal is to keep payments conducive with the services performed by our office.

If you have dental benefits, we will gladly help you in receiving those benefits. As a courtesy, we will bill your dental insurance carrier of all treatment provided by our office. However, please remember that the benefits payable by your insurance carrier is based on the contract between you and your carrier. And, thus, you are ultimately responsible for all charges incurred by the services rendered by our office regardless of insurance coverage. Furthermore, preauthorization for any service is made at a patient's request.

### Acknowledgement of Office Policy Notice

I have read and understand the policy of this office as detailed above. In addition, I have had the opportunity to ask questions and understand what has been explained.

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**Print Patient Name**

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**Signature of Patient:**

(Parent/Guardian if Patient is a Minor)

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**Date:**

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**Staff Initial:**