

**Causey Family Dentistry  
Office Policies – Effective January 1, 2012**

Appointments

At Causey Family Dentistry, we do our very best to create a comfortable, caring, and efficient environment. Our staff spends time meticulously preparing for each appointment prior to your arrival. Your appointment time is reserved especially for you. We respect your time, so we must operate efficiently. Unfortunately, due to an increase in no shows, late cancellations, and late arrivals, we have found it necessary to implement an appointment policy. If you cannot keep your appointment, we ask that you give us at least 24 hours notice, so that the appointment can be offered to another patient. **Appointment cancellations must be made between 8am and 5pm, Monday through Thursday.**

We make every effort to remind you about your appointment, so please make sure that your contact information is up-to-date. **No shows and cancellations with less than 24 hours notice will be considered “failed appointments” and are subject to a failed appointment fee of \$50.00.** Insurance will not cover this fee. It must be paid by the patient, prior to scheduling another appointment. Multiple cancellations without proper notice may prevent a patient from receiving future treatment at Causey Family Dentistry. Appointments that must be rescheduled due to the patient arriving too late to complete the planned procedure are also subject to a failed appointment fee. Please keep our staff and our other patients in mind, when scheduling and changing appointments.

Payment

Complete payment of services is the sole responsibility of the patient. Insurance contracts are between the patient and the insurance company. Our office does not guarantee coverage by any insurance company, and we will not enter into a dispute with an insurance company over a claim. As a service to our patients, we file insurance pre-certifications and claims, and we accept payment from most dental insurance companies. However, in the event that an insurance company does not pay the expected amount of the claim, the patient will be required to **submit payment within 30 days of notification.** Patient co-pays, deductibles, and any other fees not expected to be covered by insurance are **due at the time of service.** For some procedures we require that the patient pay his/her portion of the fee prior to scheduling the appointment. Failure to submit payment in a timely manner may result in exclusion of the patient from receiving future treatment.

Treatment Area

In order to provide the best possible treatment to our patients, we maintain a controlled environment in the treatment area. For the safety of our patients and our staff, no potential distractions will be allowed. Therefore, except for a child’s first appointment, **no one is to accompany a patient into the treatment area.** Prior to or following a procedure, a parent and/or other family member may be asked to briefly enter the treatment area to discuss the necessary treatment. However, we make every effort to do this in our consultation room. Children cannot accompany patients into the treatment area, and our office staff cannot be responsible for childcare. The patient must provide adequate supervision for the child in the waiting room. **All cellular telephones must be turned off** prior to entering the treatment area.

**I have read, understand, and agree to the above policies.**

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_