

OFFICE POLICIES

HEALTH & INSURANCE INFORMATION UPDATES: Please understand that our treatment is based upon our examination, any records you have provided, and the information the health information we receive from you. Likewise, we bill for our services based upon the payment information you provide us. Therefore, it is your responsibility to keep us informed of any all changes in your health conditions, treatment received from other providers which may affect the care we provide you, and your billing information.

BROKEN APPOINTMENTS: We request at least **48 hours’ notice** before cancelling an appointment. That way, we have some time to try and fill the opening left in our schedule. We reserve the right to charge **\$50.00** for appointments missed or canceled without 48 hour notice.

LATE ARRIVAL: If you arrive fifteen (15) or more minutes late for a scheduled appointment, please understand that we may not be able to see you at that time, depending on our schedule. However, every effort will be made to fit you in to the schedule as quickly as possible. For hygiene appointments, if you arrive fifteen (15) or more minutes late for a scheduled appointment, please understand that we will need to reschedule you for a later date.

PAYMENT & INSURANCE CLAIMS: Payment is due at the time a service is rendered. We file and accept insurance benefits as a service to our patients. If you have dental insurance, we will provide you with an estimate of what we expect your insurance company will pay, based upon your plan’s benefits, as well as your portion of the costs, if any. Please understand that this is only an estimate, and that actual insurance reimbursement may be different based upon the provisions of your policy. Additionally, lab fees incurred in the course of your treatment which are not covered by your insurance are your responsibility. You are responsible for all fees and will be billed based upon the final insurance payment.

PAST DUE ACCOUNTS: If payment is not received by the due date printed on the statement, your account is considered “past due,” and we reserve the right to charge a monthly billing charge and/or interest on past due accounts in accordance with Georgia law. If the balance remains unpaid and is turned over to a collection agency and/or our attorney for collection, you agree to be responsible for all attorneys’ fees and/or collection costs that we incur while attempting to collect on the unpaid balance, as well as all court costs should we have to file a lawsuit.

NSF CHECKS: Returned checks will have an additional fee of **\$30.00** added to the amount of the returned check.

DENTAL RECORDS: Georgia health record law gives a patient the right to a complete copy of their records within thirty (30) days of receipt of a properly executed written request. By law, the dentist is the legal owner of the original record, and has the right to charge for search, retrieval, and other direct administrative costs related to compliance with the request, as well as a certification fee, copying costs, and the actual cost of mailing the requested records.

Brookwood Dentistry reserves the right to update these Office Policies at any time without notification.

My signature verifies that I have read, understood, and accepted the policies described above, and further grant Brookwood Dentistry permission to telephone me at my contact number(s) to discuss matters related to this form.

Patient Name: _____

Date: _____

**Patient/Responsible
Party Signature:** _____

**Relationship
to patient:** _____
