

TWO GENERATIONS OF PROFESSIONAL CARE

MARK T. BRADEN D.D.S.

RYAN T. BRADEN D.D.S.

Thank you for the trust you have placed in us by choosing Braden Dental Center. We will do everything we can to make your visits as comfortable and pleasant as possible. In return, we ask that you read and sign this summary of office policies that explains our expectations for all our patients.

CHANGES

- Please notify us of any changes in your name, address, telephone number, e-mail address, insurance and—most importantly—**changes in your health or medications.**

APPOINTMENTS

- Your appointment is a period of time reserved especially for you. **It is so important to us that we will try to call you two days in advance to confirm it.** If you must cancel your appointment, **we require one day's notice (24 hours) for cancellation.** Short-notice cancellations are a loss to everyone—to you for not receiving the dental care you need, to us for not being able to provide it, and to another patient who may have needed the time we reserved for you.
- Please check your schedule carefully before making an appointment to be sure the time is convenient for you. We reserve the right to charge a fee of \$75.00 for cancellations with less than one day's notice (24 hours) or for missing your reserved appointment.

PAYMENTS & INSURANCE

- Our expectations for payment are intended to be fair to you—and to us. **We require payment for services at each appointment, unless you have made other financial arrangements beforehand. Cash, check, Mastercard and Visa are all accepted.**
- If you enter into extensive treatment, you will receive a treatment estimate. Before beginning your treatment, you can arrange a payment plan.
- An administrative fee of 1-1/2% of your total outstanding balance, or \$5.00 per month (whichever is greater), will be assessed for repeat billing statements.
- There are many different dental insurance plans, and our fees may not be covered under all programs. Your insurance contract, however, is between you and your insurance company. **As the patient, you are responsible for all fees, regardless of insurance coverage.**
- **We are happy to submit charges for our dental services to your insurance company for you. In return, we ask you to pay for the services your insurance company will not cover at the time of your appointments.** If you do not know your exact coverage, we can contact your insurance company or we can estimate the amount not covered by most companies.

Your signature confirms your understanding of our office policies and willingness to abide by them. Again, thank you for joining us at Braden Dental Center.

Signature _____

Date _____



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