

Medicine Wheel Dental Office Policy Form

Thank you so much for choosing Medicine Wheel Dental & Wellness Center. We are pleased that you have decided to choose us to assist in achieving optimal oral health. It is our goal to provide you with the very best in dental care, customer service, and an excellent overall experience.

Office Hours: Regular office hours are Monday-Thursday 8:30 am - 4:00 pm and Friday from 9:00 am to 3:00 pm. The office is closed on major holidays as well as when the doctor(s) and staff are attending continuing education programs to maximize our knowledge of the latest developments so that we may better serve you.

Fees and Payment Policy: In efforts to keep your dental costs down while maintaining a high level of professional care as well as the extra time we spend with our patients, payment is expected when services are rendered. Fees may be paid as follows: *Cash, Personal Check, Money Order, Visa, MasterCard, Discover, American Express, and Care Credit*. All major treatment and treatment involving a dental laboratory will require that a minimum down payment of ½ the procedure cost is obtained. The remaining portion of the procedure cost will be due upon completion of the procedure.

Insurance: Medicine Wheel Dental & Wellness Center is what is known as a fee for service office. We work for you (the patient) directly and not the insurance companies. This allows us to spend more time with our patients and provide a more comprehensive service. If you have dental insurance, we do collect payment from you (the patient) directly. We will submit your dental insurance claims as well as all information requested by your insurance company to process the claim on your behalf. We will request that any benefits paid are sent directly to you.

Acknowledgement of Policies: At our facility, we work hard to see to it that our time spent together is as productive and efficient as possible. In an effort to do so, we have outlined some office policies that we request your acknowledgment on to ensure a mutual understanding. Should you have any questions regarding any of these policies, please be sure to ask a member of our staff.

Please **initial** each of the following:

1. I understand that I am responsible for obtaining my records from any current or previous dental office and that if these records are not on file at the time of my examination, MWD will require current records (x-rays, perio charting, etc.), and that additional costs may apply for these records____
(initial)
2. In the event of a broken appointment, I understand that I am financially responsible for the time I have reserved, unless I provide a minimum of 48 hours' notice. Fees for a broken appointment are - \$45 per hour for appointments with the hygienists & \$95 per hour for appointments with the dentist ____
(initial)
3. I understand I am responsible for payment in full at the time services are rendered (even if I have dental insurance coverage) and that MWD does not guarantee insurance benefits or the amount of insurance benefits payable to me____ (initial)
4. I understand that any account balance left outstanding for more than 90 days without a financial arrangement approved and documented by MWD will bear interest at 1.5% per month. I further agree to pay all finance charges, collection costs (30%), attorney fees, and any other cost that may have incurred to enforce collection of any amount outstanding____ (initial)

Patient Signature _____ Date _____