

NOTICE TO ALL NEW PATIENTS

We value you as a patient and strive to provide the best care possible to all of our patients. During the first appointment or initial exam, we like to meet all of our patients and discuss any problems or concerns that the patient or dentist may have. We will also take the appropriate x-rays as ordered by the doctor. Please inform us if you have current x-rays at another office as we do need these for a comprehensive exam to be complete. We then can do an exam to determine appropriate treatment. In some cases, patients may be referred to a specialist for treatment. Please feel free to ask any questions that you may have concerning your treatment or your child's treatment.



Late Arrivals

As appointment times are set aside exclusively for your treatment, you must be on time. We reserve the right to reschedule your appointment if you are late. Please call ahead if you are aware that you are going to be late as we may be able to make arrangements.

Broken Appointments

We consider a broken appointment to be an appointment that a patient does not show for *or* one that is cancelled with less than 24 hours' notice. A \$25 fee is assessed to your account for every 30 minutes of your scheduled time. On the third broken appointment, we reserve the right to discontinue our dentist-patient relationship. If this should happen, you will be notified in writing. Please call us, if you know that you are unable to be at your appointment. [REDACTED]

Financial agreement

All payments, copays, and deductibles are due at the time of service. We will be happy to submit your insurance claims for you. You will be able to pay your estimated portion if we are able to verify your insurance. You must realize that we cannot predict what your insurance company will decline to pay for. If your insurance company fails to pay for your treatment within 30 days, you are responsible for the account balance. We are able to accept most credit card, cash, and checks. All checks will be processed by BB&T Bank.

Please ask about our financing options through CARE CREDIT

Name (print) _____

Signature _____

Date _____

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