

**The Solon Dental Center
New Patient Information**

Payments and Appointments

Dear Patient:

Welcome to our practice. Please take a moment to read over our office policies. Understanding these policies will allow us to concentrate on your dental work.

Diagnosed items are placed in your treatment plan. Before starting dental treatment on diagnosed items, we will explain your treatment and associated costs. We ask that a legal guardian accompany all minor children to appointments in our office in order to authorize treatment. We will ask that you sign the treatment plan to document our office explaining the treatment/costs. Signing your treatment plan does not obligate you to do any of the work. It simply documents that you were provided the plan and are aware of the fees should you decide to proceed.

If you have dental insurance, we will assist you in determining your estimated co-payment for each treatment. However, we do not provide a 100% guaranty of insurance payments. Each company is different, and the decision to pay is theirs. Please note that the contract of insurance is between you and your insurance company. We will do our utmost to provide you with accurate estimates. If for some reason insurance does not pay, it is important to understand you will ultimately be responsible for the final bill. You should contact your insurance company directly if you have questions regarding their estimations prior to treatment or payments for services rendered. If you have insurance, the estimated co-payment is due the day of treatment. For patients without insurance, full payment is due the day of treatment. Should you require denture(s), partial(s) or crowns, the full co-payment is due at the first visit (which is the impression appointment and when any associated lab work begins).

We accept Visa, MasterCard, American Express, Discover, personal checks, Dental Fee Plan, and cash for payment. There is a \$30 service charge for any returned personal check. There are times when we refer patients to specialists for various advanced procedures (implant placement, some root canals, wisdom tooth extractions etc). Please note that their payment policies or participation with your insurance may not be the same as ours. If you have questions regarding payment for their services, we encourage you to ask them prior to treatment.

Please understand that your appointment is very important to us. We take extra steps to remind you so that you don't forget your appointment. When appointments are made, time is set aside specifically for you. If you are unable to keep your scheduled time, please contact our office at least 24 hours before the appointment. More than three incidents of less than 24 hour notice, or completely missing appointments, could regrettably result in an inability to schedule you at our office.

These office policies are designed to keep our fees as low as possible. Our goal is to offer the best quality dental care to our patients. Please help us achieve our goal. We look forward to a long happy relationship with you. Please do not hesitate to ask our staff for anything that might make your visit more enjoyable. We are all here for you.

Sincerely,

Dr. Kari Haganman and Staff

I have read and understand the above office policies.

Patient (or Guardian if patient is a minor)

Date