

Northeast Dental Associates
7346 Parklane Road
Columbia, SC 29223
TEL (803) 788-6691
FAX (803) 865-6870

OFFICE POLICY

The best dental care is based on a friendly mutual understanding among staff, doctor, and patient. The doctors desire to provide superior service to our entire family of patients. In order to do this we ask for your help on these areas. Thank you and welcome!

APPOINTMENTS

- We strive to see patients at their reserved time. However, we are a medical facility and occasionally circumstances arise that require us to spend more time with a patient. We will always give you the same care and understanding.
- Patients arriving 15 minutes late may be asked to reschedule as a courtesy to the following patients.
- Short notice cancellations hinder us from providing care to others and delay you from obtaining the care that you need.
- **If you do find that you must reschedule, please give our office as much notice as possible. We do require at least 48 hours notice for all appointments. For missed appointments or cancellations within 48 hours of appointment time we will charge a \$29.00 fee per hour scheduled. Our office now reserves the right to remove patients from the practice due to excessive no shows. Failure to attend three (3) scheduled appointments will result in removal from the practice.**
- Please call the office and leave a message if you have to call after business hours to reschedule or cancel an appointment.

INVESTMENT

- Our mission is to provide you with optimal dental care regardless of insurance coverage.
- At the onset of each visit, patients should be prepared to pay in full, or for those with insurance, their deductible and estimated co-payment. Financial questions should be addressed prior to start of treatment.
- To our patients with insurance:
 - We allow 45 days for insurance to cover its portion and our office **DOES NOT** guarantee payment by your insurance company.
 - If your insurance claim is denied, or it is not paid as estimated, the balance becomes the responsibility of the patient.

Your insurance is a contract between you, your employer, and your insurance company. While filing insurance claims is a courtesy that we extend to your patients, all charges are your responsibility from the date the services are rendered.

Accounts referred to our outside collection agency will be assessed an additional amount of 35% of the overdue balance. In the event any type of collection procedures become necessary, you will be responsible for any collection, legal or attorney fees incurred for you or, if applicable, your dependents. **This office accepts cash, check, MasterCard, Visa, Discover, American Express, and Care Credit as methods of payment.**

I HAVE READ THIS OFFICE POLICY AND FULLY UNDERSTAND IT AND AGREE TO ABIDE BY THE TERMS STATED FOR MYSELF AND FOR MY DEPENDENTS, IF APPLICABLE.

SIGNATURE: _____ DATE: ____/____/____

PRINTED LEGAL NAME: _____