



Office Policies

Welcome to Our Office!

We thank you for selecting our office for your dental needs and would like to take this opportunity to explain a few of our policies and methods of practice. The more you know, the more we can be of service.

Office Hours, Appointments and Cancellation Policy

- Our office is open by appointment, Monday through Thursday, 8:00 am to 5:00 pm.
- Due to the number of patients waiting for an appointment, we require at least 48 hours notice to reschedule or cancel an appointment without such notice a \$75.00 fee may be charged to your account.
- To provide the highest level of care we do not overbook; your appointment time is reserved specifically for you.
- We confirm appointments via email and voice mail as given / directed by the patient.

Emergency Care

- If a dental emergency arises call our office at 303-321-1323 and we will make every effort to see you as soon as possible.
- If the problem happens after hours, leave a message on our service and / or attempt to reach a doctor at the cell phone number given on the service message.

Insurance and Patient Billing

- We will be happy to file your insurance claims for you – please remember that no insurance company will cover all your dental costs. Your dental coverage/plan is a contract between you and your dental insurance company. You are ultimately responsible for any unpaid balance by your insurance company.
- We will ask you for your estimated co-pay on the day of service.
- It is your responsibility to inform us of any insurance changes.
- An account balance is considered as Past Due 30 days from the date of service.
- Any collection and /or attorney fees will be the patient's responsibility on past due accounts.

Medical Considerations

- We ask you to fill out a medical history questionnaire at your first visit and annually thereafter. There are many medical conditions that may affect our treatment decisions, therefore it is important that we are aware of those conditions.
- If you have a heart murmur, artificial joint or other medical condition requiring antibiotic pre-medication, please call our office to discuss this matter and obtain a prescription.

Patient Signature

Date