**Welcome to Avondale Dental!**

Here at Avondale Dental the patient comes first and we are committed to providing you and your family the highest quality of dental care using only the best material and technology currently available. We are also committed to providing you with up-to-date information and educational tools. The dentist/patient relationship is a partnership where both work toward a mutual goal of maintaining good oral health and function for you and your family.

**Insurance**

As a courtesy to our patients, we will process and send all claims on your behalf to your insurance provider on date of service. However, it is your responsibility to provide us with correct and current insurance information. Be aware that your insurance may not cover the total cost of your bill. There are many different ways in which dental insurance plans are designed. We ask that you educate yourself on how reimbursement levels are determined and also the limitations of your plan coverage.

We must emphasize that as your dental provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between your employer, you and the insurance company. Our office is not a party to that contract.

**Financial**

All charges you incur are your responsibility regardless of your insurance coverage. If payment from your insurance company is not received within 60 days from date of service; you will be expected to pay the remaining balance. Please be advised that your estimated co-payment is due at time of service and it is only an estimate. In the unusual event your insurance does not pay their entire portion, you will be responsible for any remaining balance owing.

No refunds will be issued once services are rendered. If there is a dispute in treatment, our office will redo treatment at no cost to you or insurance company for a 6 month period, provided that you are active in continuing your recall care. In the event that you choose to have services rendered in a different dental practice it becomes your sole responsibility.

Payment is expected as services are rendered unless prior financial arrangements have been made. We accept cash, personal check, Visa, Mastercard and Debit/Check Card. Additional financing is available through CareCredit upon request and approval. Returned check will be subject to a collection fee of $50.00. Any account over 90 days will be forwarded to a collection agency. All fees we incur from the collection agency will be your responsibility.

**Appointment**

Trying to accommodate every patient’s individual needs and work schedules can be difficult, but we always try to do our best. We work very hard to stay on schedule so that our valuable patient will not spend time in our reception area waiting for their appointment.

We ask when you schedule an appointment that you make every effort to keep that commitment. We understand that personal emergencies sometimes occur, and we always take that into consideration when receiving a last minute cancellation.

If you are more than 15 minutes late for your appointment, we reserve the right to reschedule you or ask you to wait until the next available opening that day. We ask you to provide a minimum of 24 hours notice to us so we may schedule another patient in need of treatment. If two appointments are missed it will result in a fee of $50.00. If three appointments are missed, we reserve the right to dismiss you as a patient. We will however, give you a thirty day notice to find a new dentist so you are not left without care. To assist you in keeping your commitment, we offer a courtesy call the day/night prior to your appointment.

**Telephone Calls/Emergencies**

If you have a true life-threatening emergency that needs immediate attention, please call 911 or go to the nearest emergency room.

During office hours, you can contact us for an appointment, information or questions about your treatment, x-ray results, and prescription. Be sure to let the receptionist know what the question or problem is and whether or not it is an emergency. If we are unable to take your call, please leave a message and it will be returned by one of the staff as soon as possible.

**Record Release**

As a patient of our office you have the right to see, review, request, and obtain a copy of your dental records. However, by law the original records remain in our office. To obtain a copy of record, a signed authorization release form and a fee of $25.00, for x-ray duplication fee, per patient is required.

**Email Consent**

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication. Our first email to you will verify the email address you provide.

I have received, read and understand Avondale Dental Office Policy. I understand that Avondale Dental has the right to change its Office Policy from time to time and that I may contact the office at any time at the address below to obtain a current copy of the Office Policy.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I consent and accept the risk in receiving information via email. I understand I can withdraw my consent at any time.

□ I consent only to receiving appointment reminders via email or text. I understand I can withdraw my consent at any time.

□ I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

We hope that your experience in our office is a pleasant one. Please feel free to ask questions if you do not understand any aspect of your condition, the services you receive, or your financial responsibilities. Your satisfaction is important to us.

**Thank you for choosing Avondale Dental!Available Services**

* Oral Exam
* X-rays
* Routine Cleaning
* Scaling and Root Planning
* Periodontal Maintenance
* Sealants
* Topical Fluoride
* Crown and Bridges
* Implant Crown and Dentures
* Tooth Colored Fillings
* Root Canal Treatment
* Extractions
* Dentures and Partial Dentures
* Same Day Denture Relines and Repairs
* Take Home Whitening Trays
* Veneers
* Invisalign