#### Debora Klein, DDS

Diplomate of the American Board of Craniofacial Pain

Diplomate of the American Board of Dental Sleep Medicine



Meeting the needs of today's health conscious family

# **IMPORTANT**

(Please Read Carefully)

## WHAT YOU SHOULD KNOW ABOUT OUR PRACTICE

Patients are seen by appointment only, with the exception of emergencies. We understand the value of our patients' time, and so we offer flexible scheduling, with convenient morning and evening appointments. In the event of an emergency situation, a delay in scheduling may occasionally arise, and we will make every effort to contact you so that you may plan accordingly. We value our patients and try to make your visits to our office as pleasant and productive as possible!

#### **EMERGENCIES**:

If you should experience a dental emergency outside of our normal business hours, feel free to call the office and follow the prompts to reach the doctor on call or your preferred dentist.

### **CANCELLATION POLICY:**

We value our patients' time, and we ask that our patients return the same courtesy. If for some reason you find it necessary to reschedule an appointment, we ask that you kindly give us notice of 48 hours, so that we have the opportunity to offer the appointment time to another patient. If you must cancel an appointment within 24 hours of the scheduled time, or if you fail an appointment without contacting us, be aware that you will be charged a cancellation fee proportional to the schedule visit. For appointments scheduled with doctors, this fee is \$150/hour, and for hygiene appointments, the fee is \$75/visit. This fee may be initially waived at the discretion of Alpine Dental Staff with the understanding that special circumstances and emergencies happen on occasion. The purpose of this policy is not to cause any distress, but rather to encourage our patients to keep their appointment times as scheduled, or contact us to reschedule or cancel within a reasonable amount of time.

#### **PAYMENT POLICIES:**

It is our goal to keep our fees as reasonable as possible. We are a fee for service practice, meaning that patients are expected to pay in full at the time of service, regardless of insurance coverage, with the exception of preventative appointments (Hygiene Cleaning & Exams). However, as a courtesy to our patients with dental insurance, for services other than preventative, we will adjust our policy term "payment in full" to "patient portion" due at time of service. We work with all dental and medical insurance companies, and are happy to file claims on your behalf. Verification of benefits does not guarantee coverage or payment, and all claims are subject to medical necessity and benefits. For medical services (Sleep Apnea, TMD), payment in full is expected at the time of service. Your insurance company will reimburse you in accordance with your benefit plan. If you have questions regarding reimbursement, we advise that you contact your insurance company for an explanation of benefits, and they can provide you with details of your coverage.

For your convenience, we accept Visa, MasterCard, Discover, American Express, Care Credit, cash, and checks. If you are concerned about payment policies and are without dental insurance, please inquire about our affordable inhouse Dental Program. This program is not available to those with valid and current dental insurance. Individual payment arrangements may also be made at the discretion of Alpine Dental Staff. If you have any questions or comments, please direct them to the front desk staff. By signing this form, you acknowledge that you understand and agree to comply with Alpine Dental Practice's scheduling and payment policies.

Patient/Representative Signature

Today's Date

Patient Name (PRINT)