



Office and Financial Policy

At Dunwoody Dental, we believe that you deserve the best care. That is why we present you with the best dental solution to treat your personal situation. We would like to ensure that all our patients have the opportunity to receive the dental care that they need.

Here are some important things you should know whether you have dental benefits or not:

Your dental benefits are based on a contract made between your employer (or yourself) and an insurance company.

Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you. You are responsible for any difference of what your insurance does not pay, and services performed.

We will provide you with an estimate of benefits prior to treatment. It is an estimate only. You are responsible for knowing and understanding your dental benefits under your policy. If you would like to know a specific insurance benefit, we will be happy to file a "Pre-Treatment Estimate" with your insurance company prior to treatment.

We will file any PPO dental plan as out of network providers.

To reserve an appointment for 3 hours or more, a 25% deposit must be made at the time of scheduling for the appointment and the remaining to be paid at the time of service, unless other arrangements have been made. If you cancel within 48 hours of this appointment the deposit is forfeited to cover the time specially reserved for you.

Dunwoody Dental does require payment in full for your estimated portion at the time of service. We accept Mastercard, Visa, Discover, American Express, cash and checks. If you are in need of an extended finance option, we also work with CareCredit.

A specific amount of time is reserved especially for you, and we strongly encourage all patients to keep their appointments. We respect our patients' time and in return ask that you respect the time we set aside for you. If you must change your appointment, we require at least a 48-hour notice, otherwise a \$100/ hour missed appointment fee will be applied to the account and must be paid to reschedule.

WE HAVE THE RIGHT TO CANCEL YOUR APPOINTMENT IF WE CANNOT REACH YOU TO CONFIRM.

To all Patients with insurance. We require a card on file for an agreed amount of no more than \$100 to be charged if your insurance does not pay the full amount of treatment after co-pay. We will inform you of any charges to be made prior to running the card.

Card Number _____ Exp Date _____ CVV _____

Patient signature _____ Date _____