

OFFICE POLICIES FOR DR. ROBERT D. MORLAN, D.M.D.

WELCOME! We understand there are many options for dental care and we appreciate that you have chosen our office. In an attempt to maintain our fees at a reasonable level, we ask for your cooperation by observing the following: **PLEASE read and initial each policy.**

BROKEN APPOINTMENTS- *If you cannot keep your appointment, notification must be made within 48 hours of your appointment to avoid a charge of \$40. This fee is not covered by insurance and you will be directly billed. Payment must be made prior to your next appointment. Obviously there are certain situations that are inevitable - Discretion is made for each situation.*

Patient/Guardian Initial _____

ACCOUNTS DUE AND PAYABLE UPON RECEIPT OF SERVICES – *Payment in full for all services is expected the day the service is rendered, unless previous arrangements have been made. This includes any co-pay and/or deductible for those patients with dental insurance. Cash, Check, Master Card, Visa, and Discover are welcome. We also offer Care Credit - information is available upon request.*

Patient/Guardian Initial _____

RESIN FILLINGS – *I have read and signed the form regarding white resin ‘bonded’ fillings.*

Patient/Guardian Initial _____

UNDERSTANDING YOUR DENTAL POLICY – *It is not the responsibility of our office to know each patient’s dental insurance policy. As a courtesy we check on insurance when you become a New Patient. If your insurance should change, then it becomes your responsibility to notify us and to identify what has changed to your policy. Also as a courtesy we submit claims, therefore the most up-to-date insurance information is necessary at each appointment. Our office is always happy to help you understand your insurance – just ask!*

Patient/Guardian Initial _____

OUR COURTESY TO YOU - *As a courtesy we send reminder emails for all appointments one week prior to your scheduled appointment and a reminder call is made one/two days prior to all appointments. It is your responsibility to remember your appointments, and the services we provide are a courtesy. Do not rely on them. We must have the most UP-TO-DATE information, or our courtesies to you will not be effective.*

Patient/Guardian Initial _____

Thank you for your cooperation. We look forward to a long lasting relationship!