



Office Policy

We are pleased to welcome you to our practice. Our desire is to provide you and your child(ren) with the highest quality of service and dental care in a caring and enjoyable atmosphere. To be fair to all, we ask that you read and remember the following policies:

1. Always bring proof of insurance.
2. Let us know if there are any changes of address, phone, email, etc.
3. **Please be on time** for all appointments. We have reserved a particular time for you, and we want to stay on schedule. If you are late, your appointment may be rescheduled.
4. **If you cannot make your scheduled appointment and do not call 24 hours in advance to reschedule or cancel your appointment:**
 - Your appointment will be considered as a **No Show**
 - We understand that unexpected events arise, and we try to work with our families the very best we can.
 - **2 No Shows/Broken Appointments** and the family will be dismissed from the practice.
 - In the event your family is dismissed from the practice, we will only provide **emergency** dental care for 30 days. After the 30 day period ends, we will no longer see any family member in our office.
5. If you do not have insurance, payment for services is due at the time services are rendered. We accept cash, check, and most major credit cards.
6. All restorative visits, patients must pre-pay in order to schedule that visit. If nitrous is needed, you must pay an additional fee for this procedure, as insurance companies do not cover this. If you do not show for a restorative visit, your account will be charged **\$100.00**.
7. There will be a **\$35** service charge for all returned checks.
8. Any balance on the account after insurance has paid, payment is due in full.
9. If the undersigned fails to make any payments due hereunder, Seaside Smiles/Dr. Vickers may at any time, without notice or demand, declare the entire unpaid balance of the account to be immediately due and payable. The undersigned promises to pay all costs of collection equal to thirty-five percent (35%), including, but not limited to court costs, attorneys' fees equal to fifteen percent (15%) of any amount due and owing to Seaside Smiles/Dr. Vickers. As well as other collection fees which are incurred by or on behalf of Seaside Smiles Business Office in enforcing payment after default.
10. There may be times that Dr. Vickers is out of the office; however, patients may still be seen by our hygienists under the ADA supervisory law.
11. Please note that your information will/can be shared through email and electronic files to insurance companies and health care providers.

AUTHORIZATION

I have read and accept the above office policy, understand it and agree to the terms set forth regarding payments.

Signature: _____

Date: _____