



## **Brian S. Orcutt DDS, Inc.**

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www.OrcuttFamilyDentistry.com

**WELCOME** to our practice, it is our pleasure to have you as our patient. We feel the best thing about our style of dentistry is our commitment to providing you with the highest quality dental care using the best materials and technology available. We are also committed to providing you with up to date information and educational tools so that you may fully participate in maintaining optimal oral health. We hope by presenting our policies to you in the beginning, we will avoid any misunderstandings and, therefore, have more time to dedicate to your dental care. If you have any questions regarding the information below or insurance coverage, please do not hesitate to ask...we are here to help.

### **Appointment Guidelines**

- In the event that you are unable to keep your reserved appointment time, we ask that you give us **48 hours notice**, so that we may offer this time to another patient in need of care. As long as we receive this notice we can guarantee there will not be a charge. If something unforeseen should occur, the fee for a missed appointment is \$50 per appointment hour. This fee will be assessed on a case-by-case basis.

### **Insurance Benefits**

- If you are a patient with dental benefits, it is important to remember your dental plan is a contract between you, your employer, and your dental insurance carrier. We accept assignment of benefits as a courtesy to our patients. We submit an insurance claim for services as they are rendered. Therefore accurate insurance information is necessary for correct billing. The estimate provided by this office is to be considered a guideline, not a quote, until the final insurance payment is received. **Ultimately you are responsible for all the cost of treatment. All unpaid insurance balances are due and payable from the patient after 60 days.**

### **Financial Understanding and Guidelines**

- **Private Payments and Insurance Deductibles and Estimated Co-Payments are due in full at the time service is rendered.** We accept Cash, Checks, MasterCard, VISA, American Express and Discover card. Outside financing is available through Care Credit and Chase Health Advantage upon approval. Returned checks and outstanding balances over 60 days are subject to collection fees. Submission to treatment implies your consent to terms of this agreement.

### **Changes in Personal Information**

- Please notify us of any changes in your medical history, any changes in your medications, telephone numbers, address or insurance information as soon as possible so that we may keep your file information current and accurate.

\_\_\_\_\_(Initials) **I acknowledge that I have read the Dental Materials Fact Sheet, dated May 2004.** A copy is available for you to take with you.

\_\_\_\_\_(initials) **I acknowledge that I have read the Notice of Privacy Practices.** A copy is available for you take with you.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_