

DAVID R. LEWIS, D.D.S.
ROBERT G. LEWIS, D.D.S.

OFFICE POLICY

Our team is committed to provide our patients with a trusting and caring environment that can enhance their dental and overall health. We strive to exceed our patients' expectations with exceptional dentistry.

_____**APPOINTMENTS:**

An appointment is a bond of trust that we will be here to care for you and you will be present for treatment. When you don't show up for an appointment or cancel at the last minute, we are left with a gap in our schedule. This deprives other patients of necessary appointment time.

_____**CANCELLATIONS:**

We require **24 HOURS** notice for any cancellations as your appointment time has been set aside exclusively for you. If we do not receive **24 HOURS** notice, you will be subject to a \$25.00 cancellation fee.

_____**INSURANCE:**

We understand the value of insurance benefits to our patients. Insurance is a contract between you and your insurance company. As a courtesy, we will process your insurance claims with your primary insurance carrier for you. We can only **ESTIMATE** your deductible and the portion that may be covered by your insurance carrier.

_____**REMAINING BALANCES:**

Please understand that any expected payment from your insurance carrier is only an **ESTIMATE**, and that you are responsible for any portion not covered by insurance.

_____**PAYMENT:**

Payment is due at the time of treatment. Our office is pleased to offer our patients several payment options. We gladly accept cash, checks, MasterCard, Visa, American Express or Discover. We also have financing available through outside lenders.

_____**DEPOSIT:**

A 10% deposit is required on all treatment scheduled over \$500.00.

If you have any questions or concerns about our policies, please ask the office staff.

Patient Signature _____ Date _____