

TOWN CENTER DENTAL OFFICE

4434 University Pkwy suite G San Bernardino CA 92407
(909) 887-1533

OFFICE POLICIES

Because we value our patients we always try to provide you and your family with the best dental care possible. Communication and mutual understanding is important to maintaining this quality of service. We ask that you read the following information carefully as we have made some changes to our office policies. We encourage you to discuss with us any questions you may have regarding our policies.

CONFIRMATION OF APPOINTMENTS

Every effort is made to confirm your scheduled dental appointment. This will be done by phone calls and text messages. We do require a response to these messages. If you receive reminders via text, confirm your appointment by responding with a **"C"**, that you will be making your appointment or call the office directly at 909-887-1533 to confirm. **Any appointments that are not confirmed will be given away to another patient.**

MISSED/CANCELED/NO SHOW APPOINTMENT FEE

There will be a \$65 fee for any appointment that is rescheduled or cancelled without 24 hours notice or any no show appointments. When an appointment is missed or cancelled without 24 hours notice it leaves us with a spot that could have been offered to another patient who has been waiting for an appointment.

PRIVATE/CASH PATIENTS

All payments are due the day services are rendered. During your initial appointment a treatment plan will be created for any diagnosed services needed. In some cases during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that are not discovered during the examination. A new treatment plan will be presented to you prior to continuing with the procedure(s). Any difference in cost is due that day.

PATIENTS WITH INSURANCE

It is our goal to help you receive the maximum benefits allowed through your insurance plan. As a courtesy we will file a claim for your insurance, but you are financially responsible for the services rendered for yourself or your dependents regardless of your insurance. Patient co-pay portion is due at the time services are rendered. In some cases during treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that are not discovered during the examination. A new treatment plan will be presented to you prior to continuing with the procedure(s). Any difference in cost is due that day.

PAYMENT METHOD

For your convenience we accept Cash, Checks, Master Card, Visa and Discover. We also offer The Care Credit payment plan, which allows you to make flexible, low monthly payments and has interest free options. You, the patient, will need to apply online at carecredit.com

RUNNING LATE

To help us keep patient wait time to a minimum, please call us if you know you are running late. If it is the time of your appointment and you have not arrived we will be calling you within 5 minutes to see if you are on your way.

Your clear understanding of our office polices is important. If you have any questions please don't hesitate to ask us.

Patient Name

Date

Signature (patient, parent/guardian)