



AESTHETIC AND RECONSTRUCTIVE DENTAL SPECIALISTS

**Michael Gibbons, DMD and Scottsdale Prosthodontists Notice of Office Policies
(Update 7/1/2015)**

**Initial to
acknowledge
our policies
at each line:**

Payments

1. Payment Arrangements For All Patients:

Payment is expected at the time the service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments. Cash, personal checks, and credit cards are all accepted. If an extended payment plan is desired, please ask us about our third party billing (finance) program. Delinquent accounts over 90 days may be referred to a collection agency. All fees incurred from the collection agency will be charged to the account. If legal action is necessary then all fees are the responsibility of the patient.

Insurance

2. Payment Arrangements For Patients with Dental Insurance:

Scottsdale Prosthodontists does not contract with any dental insurance companies. As a complementary service we will file your claim with your insurance company if requested. This service requires you provide us with all current and accurate information required by your carrier. Payment in full for services will be required at the time of service, and any payment from your insurance company may be provided directly to you, or credited to your account with our office.

Cancellations

3. Cancellation Policy:

If the need to cancel a scheduled appointment arises, we request 24 hours notification. Short notice cancellations or missed appointments are considered "failed", and will be handled on a case by case basis with the following schedule:

- (1) Friendly Reminder of office policy for first failed appointment.
- (2) \$75 missed appointment fee charged to account at second failed appointment.
- (3) No further appointments will be scheduled after third failed appointment.

Reminders

4. Reminders:

For your convenience, we provide a 1-week reminder via text message, and a courtesy reminder call or text one business day prior to your appointment. Please initial to consent to receiving text messages from our reminder system.

Warranty

5. Quality Guarantee:

We stand behind the materials and techniques used in our office and provide replacement of any failed dental materials at no cost to the patient for a 12-month period beginning at the time of service. Exceptions to this guarantee will include failure due to trauma, recurrent decay, parafunctional habits and/or failure of patient to comply with recommended treatment plans and/or recommended recare (cleaning) schedules.

Privacy

6. Patient Privacy:

Our practice is committed to securing the privacy of your health information. Accordingly, we have provided you with a copy of our practice's **Notice of Privacy Practices**. We would like your acknowledgement that you received this **Notice of Privacy Practices**. We also ask that you consent to our sharing of your records to coordinate with Dental Specialists, Medical Doctors, Dental laboratories and Insurance Companies by signing below.

Patient Name: _____ **Date:** _____

Signature: _____ **Relationship:** _____
(if other than self)