

Office Policies

The dental team at Ford Family Dental are committed to providing you and your family the highest quality dentistry in a courteous, clean and comfortable atmosphere. We stand behind our office mission providing *Modern Dentistry... Old Fashioned Values!*

Appointments and Cancellations

We understand the value of your time. We make every effort to keep your appointments on their scheduled times to minimize disruptions to your life and work schedules. Please, in turn, remember that the time we have reserved for you is exclusively for you. Any changes to your schedule will affect our schedule as well. *We do require 2 business days notice for any appointment changes.*

Insurance and Co-Pay

We gladly process your insurance claims, estimate your deductible and the portion not covered by your insurance. The estimated amount not covered by your insurance is due in full at the time of treatment and may be paid by any of the options listed below. Our estimates are based on known coverage and limitations provided by your insurance carrier. Patient liability for services is subject to change based on the actual payment from your insurance company. We must emphasize that as dental care providers, our relationship is with our patients, not their insurance carriers. *You are responsible for any amount not paid by your insurance plan.*

- 1. Cash : includes personal checks (Account/funds are verified at time of the appointment. Must provide a valid driver's license.)
- 2. Most major Credit Cards.
- 3. Care Credit: A separate line of credit to cover your entire family's health care needs.
 - Credit line approval can take 10 minutes or less.
 - Interest free options.
 - No annual or membership fees.
 - Monthly payments as low as 3% of the total balance.

Patient Relationship

Just as you have the freedom to choose your health care providers, doctors have the right to dismiss patient's who refuse recommended treatment, do not comply with treatment regimes, disrupt staff, repetitive short notice cancellations, etc.

By signing below I acknowledge agreement with this policy and accept responsibility for my account and any dependents on my account.

Print Name

Date

Signature