

## FOSTER CITY DENTAL CARE - OFFICE POLICIES

Thank you for selecting Foster City Dental Care as your dental care provider. We look forward to working with you on maintaining healthy teeth and a beautiful smile. We suggest that you familiarize yourself with our office policies so that your visits run smoother and all of your expectations are fulfilled.

### **SCHEDULING**

We schedule each appointment with an individual Dentist, Dental Assistant or Hygienist so that the time needed for your visit is reserved for you alone. There is a SERVICE CHARGE for cancellations or a no show without 48 business hours' notice. If you arrive late for an appointment, we may find it necessary to do one of the following depending on our schedule: do only a portion of the treatment that was planned, request that you wait and be treated during overlapping time with some interruptions or re-schedule the treatment to another time. If we must re-schedule there may be a SERVICE CHARGE for the missed appointment.

### **COMMUNICATION & CONFIRMATION**

As a courtesy we send automated reminders via email and text about your appointments and financial responsibility. Current telephone numbers and e-mail addresses are very important so you don't miss your reminders. Please read them over carefully and respond appropriately depending on the content. If you have questions about an appointment, your plans change and you are unable to keep the scheduled appointment or you will arrive late, please contact us in advance. There is a SERVICE CHARGE for cancellations, missed appointments or late arrivals without 48 business hours' notice. If you forget to confirm your appointment, we will not cancel it - we will assume you still wish to see us at the scheduled time unless you notify us otherwise. If you need to contact our office outside of normal business hours, please feel free to leave a voice-mail (with details) and we will be happy to call you back the next business day.

### **DENTAL EMERGENCIES**

We always treat emergency conditions in a timely manner. Please notify us as early in the day as possible if you feel you have an emergency that requires our attention. We will assess your condition and recommend the best plan of action. Be aware that if an emergency appointment is recommended it must be fit in amongst our previously scheduled patients and may necessitate a short waiting period - we will do our best to limit your inconvenience. If your emergency occurs outside of our normal business hours, please feel free to contact us. Our voice-mail always has instructions on who to call if a dental emergency exists.

### **INSURANCE BILLING AND PAYMENTS**

As a courtesy we offer billing of dental claims on your behalf for many insurance companies. We do our very best to retrieve all necessary dental policy information however all insurance companies say that any information they provide may/may not be accurate and that nothing is final until the claim for services is submitted and reviewed. We estimate your patient cost for each appointment based upon the information we are provided but please be aware that your dental policy is a contract between you and your employer so any questions about what is covered or not covered should be directed to your dental insurance company or your HR Department. We will usually e-mail or text you with your financial responsibility for an appointment two days in advance. Ultimately you are responsible for payment of all charges not paid by your insurance company. We ask that you pay your deductibles and/or any uncovered costs on the day of the visit. Payment can be made by cash, personal check, VISA, MasterCard, Discover and American Express. We also offer installment payment plans through a private credit company (Care Credit). You may be eligible for interest-free payment arrangements – ask our Front Desk Staff for details.

### **HEALTH, MEDICATION & CONTACT UPDATES**

It is the patient's responsibility to advise us of any changes as they occur. We require updated health, medication and contact number information every six months. This will insure that our Staff does not recommend any conflicting treatment and that our office can reach you when necessary.

### **TRANSFERRING RECORDS**

We will provide information as needed to your specific insurance company or to another Dentist at your request. If a duplicate copy of your x-rays is required, we will be happy to oblige. Please provide us with the name & address/e-mail of where you wish the duplicate x-rays to be sent and a few days' notice. If the x-rays are being sent to someplace other than the email we have on file for you we will also need your signature for release of the x-rays to protect your privacy.

### **ADDITIONAL INFORMATION**

Please do not eat or drink in our waiting room. As a courtesy to our Staff and others turn off all cell phones while in the dental chair. Shoes are required for safety reasons. All children under the age of 18 must be accompanied by an adult.

Our mission is to provide you with the best dental care/treatment available.

Please feel free to discuss your needs and concerns with our Staff at any time.

And again, thank you for choosing **Foster City Dental Care**. It is our pleasure & honor to serve you.