

Office Policies

Silva Family Dentistry, LLC

Patient Name: _____

Date: _____

Thank you for placing your trust in our office for your dental needs. Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important, life enhancing care. We are always available to answer your questions and/or assist you in any way we can.

We are committed to providing you with quality dentistry for life long dental health through education, utilizing advanced technology and skills in an organized and professional manner. We are proud to offer you individualized care that will help you define your personal dental goals and the means to achieve them.

Cancellation Policy

We kindly ask that you give us a minimum of 48 business hours notice when rescheduling an appointment. We reserve this time just for you with our providers in order to provide you the highest dental care. We appreciate how valuable your time is as well, and please be assured that we strive to see patients in a timely manner. **A \$75 missed appointment fee will be charged per appointment when canceled or rescheduled without 48 business hours notice. Voice mail, text, or e-mail will not be accepted as notice of cancellation within 48 business hours of scheduled appointments.** Our current office hours are Monday, Tuesday, and Wednesday 8 am – 5 pm and Thursday 8 am – 4 pm and may change at any time.

Patient Initials: _____

Dental Benefit Plans

We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage. The insurance relationship constitutes an agreement between the carrier and the patient. As such, we can make no guarantee of estimated coverage or payment. However, please know that we will do everything possible to see that you receive the full benefits of your policy. You are responsible for any amount not covered by your benefit plan on the date of treatment.

Dental plans vary and are not a guarantee of benefits. Any amount not paid by your plan will become the patient's responsibility. Treatment estimate fees are valid only for the procedures listed. If procedures should change throughout the course of treatment, additional fees may be added at the time of treatment. We will make every effort to keep your updated of any fee changes at the time of treatment. If you have dental benefits, we will collect the additional estimated patient portion on the date of treatment and bill your insurance company for the balance.

Patient/Responsible Party Signature: _____