

OFFICE POLICIES
SILVA FAMILY DENTISTRY, LLC

Patient Name : _____ Date: _____

APPOINTMENT POLICY:

We kindly ask that you give us a minimum of 48 **business hours** notice when rescheduling a reserved appointment. We reserve this time with our providers specifically for you in order to provide the highest level of dental care. A **\$95 Missed appointment fee** will be charged per appointment when canceled or rescheduled without this 48 advanced notice. ***Voicemails, emails or text messages made over the weekend will not be accepted as notice of cancellation within 48 business hours.*** Our office hours are Monday through Thursday 8am- 5pm and may change at any time.

Patient Initials: _____

DENTAL BENEFITS:

As a courtesy and at our expense, we will submit dental claims on your behalf without any additional charge to you. All payments that involve insurance benefits are ESTIMATES only! This is not a guarantee of payment. Any benefits available to you will be determined by your insurance benefit company. Having Dental coverage will only assist you with your dental needs. Your dental treatment needs are always determined by you and Dr Silva and should never be determined by limitations of your dental coverage.

*For our patients who have **UNITED HEALTH CARE:** We are unable to collect estimated cost shares. ALL services must be paid in full the time service is rendered. A claim will be submitted but UHC will reimburse available benefits directly to you, patient.

Patient/ Responsible Party Signature: _____