

Carlsbad Coastal Office Policies

To Our Patients:

The following information about our office policies is provided for your understanding. We feel that the more you know about our policies and methods of practice, the more we can be of service to you and avoid misunderstandings and frustration.

Financial Policy

- We will kindly ask that you pay your estimated portion at the time of service, which may include a yearly deductible if you have dental benefits.
- As a courtesy, we will gladly bill your insurance provider when you provide us with the current information. We expect all dental claims be paid within 30 days of submission. You understand that you are financially responsible for all charges whether or not paid by your dental insurance company.
- We accept credit cards (Visa, MasterCard, American Express, and Discover).
- For patients who qualify, we offer third party financing through a company that offers a revolving line of credit that can be used by the whole family.
- After x-rays and examination, you are entitled to and will receive an estimate for services recommended as well as fees associated with them. All estimates are based upon conditions viewed at the time of diagnosis. Unforeseen circumstances can occasionally occur and may alter the estimated fee.

Office Scheduling Policy

- When making an appointment, please realize we design our schedule to offer individual quality care for you. We need 48 hours (two working days) notice to change an appointment. This advance notice allows us to offer this valuable chair time to another patient who is in need of treatment. We realize that circumstances sometimes prevent our patients from keeping their appointment. Regretfully, you will be billed a minimum of **\$50.00** for the lost time if a 48 hour notice isn't received.

Notice of Privacy Practices (HIPPA)

- A copy of our office Notice of Privacy Practices (HIPPA) is attached to the New Patient paperwork which you are being asked to complete. Upon your request, we will be happy to provide you with a copy of our Privacy Practices.

Dental Materials Fact Sheet

- A laminated copy of **Facts About Fillings** (Dental Board of California Publication) is available for your review. I have acknowledged I have received/reviewed the Dental Material Fact Sheet dated May 2004 from Dr. Thylin as required by state law.

Patient Signature (parent/guardian if minor)

Date