

FOUNTAIN VIEW FAMILY DENTISTRY

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(770) 926-0000

Welcome to Our Practice!

Our team is delighted to welcome you to our practice and we are all pleased that you have chosen us to serve your dental needs. You will find that Fountain View Family Dentistry offers patients the type of personal attention they desire and deserve. We are dedicated to providing every patient with the highest level of quality care. Our team takes pride in our dedication to our patients and we want you to feel right at home with us. Our goal is to help you feel and look your best through excellent dental care.

Enclosed you will find your New Patient Package. The front office staff would like to request that you arrive for your appointment fifteen (15) minutes before your appointment time, so that our staff can make sure we have all the necessary information in your file. Please bring the completed New Patient Package with you to your appointment. If you have any questions please feel free to call our office.

Your Personal Appointment Time

An Appointment in our office is considered a confirmed appointment at the time the appointment is made.

Our time just like your time is very important and our staff does not wish to have you miss any appointments. Your reserved appointment means that our doctor, treatment room with instruments set up for you, and the entire staff has been allocated for your dental treatment. We do not call to confirm our patients however; you will receive a courtesy call. You will be given an appointment card and it is then your responsibility to remember and keep your appointment. Our office reserves the right to charge for any broken appointments and by keeping your appointments or giving us at least a forty-eight (48) hour notice it will eliminate the need for us to charge for a broken appointment. Thank you for your commitment to us.

Financial Policy

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete our Information and Insurance form before seeing the doctor.

Regarding Payment

We accept the following forms of payment: Cash, Check, Visa, MasterCard and Discover

Payment for services are due at the time services are rendered unless prior arrangements have been made with the doctor and the billing receptionist.

If dentures, partial dentures, crown and bridge are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first impression. The remaining balance is due at the time the permanent restoration is cemented or inserted.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made with the doctor and billing receptionist.

Checks that are returned to our office from your financial institution are subject to a \$20.00 returned check fee. This fee covers the processing fees that are charged to our office.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account. **Please be aware that some services that are performed may not be covered under your insurance policies usual and customary benefits.** Our practice is committed to providing the best treatment for our patients that is not based upon insurance coverage and we charge what is the usual and customary for our area. You are responsible for payment in full regardless of any insurance company's determination of fees. Your complete insurance information must be presented 24 hours prior to the time services are provided. Insurance claims cannot be backdated

All insurance co-pays and deductibles must be paid at the time of service.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Patient understands and agrees that he or she is responsible for all amounts due and further agrees to pay interest in the amount of 1.5% per month to any past due amounts. (initial)_____ (date)_____

Patient understands and agrees that he or she is responsible for all amounts due (regardless of insurance) and further agrees to pay any and all fees (including attorney's fees, and other costs) associated with the collections as charged by any outside collections company. (initial)_____ (date)_____

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party: _____ Date:_____

I have read the Cancellation Policy. I understand and agree to this Cancellation policy.

Signature of Patient or Responsible Party: _____ Date:_____

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.