



ROSSVILLE

FAMILY DENTAL

Welcome to Rossville Family Dental. We value the trust you have placed in us, and we will strive to provide you with dental care, that exceeds expectations, and promise to treat you like family!

The focus of our practice is health-centered, proactive dentistry. We enjoy helping people actively participate in their own health care and prevention of dental disease. Further, we emphasize cosmetic and restorative treatment, designed for long-term aesthetics, comfort, functionality, and low maintenance.

Our team members are devoted to making your visits as pleasant and relaxing as possible. We take great pride in our ability to provide you with world-class dentistry designed for your specific needs and desires.

The first step toward complete oral and systemic health is thorough examination and imaging. We want our patients to make informed choices by fully understanding any diagnosis and all treatment recommendations. The Doctor will review your x-rays, photos, and charting with you at this appointment and a treatment plan will be established. Please expect that your first appointment will be approximately 90-120 minutes.

To help us prepare for your unique needs, please complete the following medical and dental questionnaires prior to your appointment. You will also find a copy of our office policies, which we ask you to read through carefully and sign. In order for our office to maintain efficiency for *you*, our patient, please take a moment to read through, and sign our office policies. Feel free to ask questions of our staff. We are all here to help you. 😊

Sincerely,

Dr. Brett Urban and Team

ROSSVILLE FAMILY DENTAL – OFFICE POLICIES

INSURANCE & PAYMENTS

Before services are rendered, we will estimate what your insurance savings may be. The portion *that is not expected from insurance* is your out-of-pocket responsibility and is due the day treatment is rendered.

The goal of most dental insurance policies is to provide *only basic care* for specific dental services. The benefits that you receive from your dental insurance company have nothing to do with your needs or achieving a high quality, satisfactory result. Although we will make every **reasonable** effort to obtain insurance benefits from the insurer, the ultimate responsibility falls upon the patient/insured to resolve disputes with their insurance company or companies. This is a contractual relationship between *the patient and the insurer*; not the insurer and the dental office.

For your convenience, we accept checks, cash, and most major credit cards (Visa, Master Card, Discover, & American Express). We also accept Care Credit financing for payment of services. Payment is due **in full**, unless other arrangements or payment plans have been approved with office manager.

Initials _____

CANCELLATIONS & BROKEN APPOINTMENTS

We require 48 hours-notice if you are unable to keep your reserved time. We reserve the right to assess a \$50 “failed appointment” fee, at the point of 2 or more missed appointments, including appointments canceled less than 48 hours prior to appointment. We send reminders via text, e-mail, and phone call for upcoming appointments; however, there are times we are unable to reach you or do not hear back from you. Therefore, the patient is ultimately responsible for keeping dental appointments. We understand that emergencies occur, but please let us know *as soon as you are aware* that you’ll be unable to attend the appointment. We may also ask that you call us on a “same day basis” when needing an appointment, rather than giving a pre-appointed date.

Additionally, we ask that you arrive on time (or early☺) to your appointments, in order for our team to have the quality of time to best care for you. This also helps us respect the time of patients scheduled after you. If you are more than 10 minutes late, you could be asked to reschedule your appointment.

Initials _____

REFERRALS TO SPECIALISTS

In the event you should require treatment outside of our office, we will provide a referral to an office we are familiar with. Because the other office is in no way associated with our office, we cannot provide any financial estimates, knowledge of contracted insurances, or know how much of your insurance will be used there. Please direct all questions pertaining to finances, & insurance to the specialist’s office upon scheduling.

Initials _____

By signing below you acknowledge you have read and fully understand the above policies.

Patient/Guardian Signature

Date