OFFICE POLICIES & FINANCIAL AGREEMENT

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Welcome: Thank you for choosing **Advanced Dentistry of Walnut Creek** for your dental care. We are honored to be part of your healthcare team and are committed to providing exceptional, compassionate, and comprehensive dental care in a comfortable and respectful environment. To help us provide the highest quality care while respecting the time of all our patients, please review the following office policies.

Financial Policy: Payment is due at the time services are rendered unless prior financial arrangements have been made.
For your convenience, we gladly accept:

- Cash
- Personal Checks
- Visa
- MasterCard
- American Express
- Discover
- Health Savings Account (HSA) Cards
- Flexible Spending Account (FSA) Cards

Financing Options: We understand that dental treatment is an investment in your health. To help make treatment affordable, we proudly offer: **CareCredit**
Qualified patients may receive:

- No-interest promotional financing (when available)
- Low monthly payment plans
- Extended financing options

Our team is happy to assist you with the application process.
If CareCredit financing is not approved, alternative financial arrangements may be available at the doctor's discretion.

Large Treatment Plans: For treatment plans exceeding **$1,000**, flexible payment options may be available.
Examples include:

- Payment in thirds (where applicable)
- CareCredit financing
- Approved in-house payment arrangements

Patients participating in scheduled payment plans may be asked to keep a credit card securely on file with written authorization.
If treatment is discontinued before completion, any refund or remaining balance will be determined after services rendered, laboratory expenses, and financial obligations have been reviewed.

Dental Insurance: As a courtesy, we are happy to submit claims to your dental insurance carrier.
Please understand:

- Dental insurance is a contract between you and your insurance company.
- Insurance estimates are based on information provided by your carrier and are **not a guarantee of payment**.
- Coverage, deductibles, annual maximums, frequency limitations, and exclusions are determined by your insurance plan.
- Any balance not paid by your insurance company is the patient's responsibility.

If your insurance carrier denies payment after treatment has been completed, payment is due upon notification.

Outstanding Balances: Statements are sent as a courtesy. Payment is expected upon receipt of your statement.
Patients with outstanding balances may be required to bring their account current before scheduling additional elective treatment.
Accounts that remain unpaid may be referred to a collection agency when appropriate.

Appointment Policy: Your appointment time has been reserved specifically for you. We kindly request **at least 48 business hours' notice** if you need to cancel or reschedule. Providing advance notice allows us to offer that appointment to another patient who may be waiting for treatment.

Missed Appointment Policy: Missed appointments prevent other patients from receiving needed dental care. After the first missed appointment, future missed appointments or cancellations with less than **48 business hours' notice** may result in the following fees:

Late Cancellation
Less than 48 business hours' notice
$75.00
(after the second occurrence within a calendar year)

No-Show Appointment
Failure to arrive without notifying the office
$100.00
Missed appointment fees are not covered by dental insurance.

Late Arrival Policy: We strive to remain on schedule while providing every patient with the quality care they deserve. If you arrive late:

10 minutes late
A $25 late arrival fee may apply.

15 minutes late
A $35 late arrival fee may apply.

More than 15 minutes late
Your appointment may need to be shortened or rescheduled to avoid delaying care for other patients.

Prescription Policy: Prescription requests and refills require adequate processing time. Please allow **24–48 business hours** for prescription requests. Some prescriptions may require an examination before they can be prescribed or refilled.

Emergency Appointments: Dental emergencies are important to us. We make every effort to accommodate emergency patients as quickly as possible, often on the same business day. Emergency examinations and necessary diagnostic X-rays are required before treatment recommendations can be made.

Cell Phone, Text & Email Communications: By providing your phone number and email address, you authorize Advanced Dentistry of Walnut Creek to communicate with you regarding:

• **Appointment reminders**	• **Insurance questions**
• **Appointment changes**	• **Billing information**
• **Treatment follow-up**	• **Preventive care reminders**

Standard message and data rates may apply. You may update your communication preferences at any time.

Patients Under 18 Years of Age: Patients under the age of 18 must be accompanied by a parent or legal guardian unless prior written authorization has been provided to the office. The accompanying adult may be responsible for payment at the time of service unless other arrangements have been made.

Returned Checks: A returned check fee may be assessed in accordance with applicable California law. Future payments may be required by cash, cashier's check, or credit card.

Patient Responsibilities

As our patient, you agree to:

- Provide accurate and complete medical and dental information.
- Notify us of any changes to your medical history, medications, allergies, insurance, or contact information.
- Arrive on time for scheduled appointments.
- Provide appropriate notice if you need to cancel or reschedule.
- Be financially responsible for services rendered.
- Treat our doctors, staff, and other patients with courtesy and respect.

Our Commitment to You: Our goal is to provide high-quality dental care while treating every patient with kindness, respect, honesty, and professionalism.
We are committed to:

- Clearly explaining your treatment options.
- Answering your questions.
- Discussing financial options before treatment begins.
- Respecting your privacy.
- Helping you achieve a healthy, confident smile.

Patient Acknowledgment: I acknowledge that I have read, understand, and agree to the Office Policies and Financial Agreement of Advanced Dentistry of Walnut Creek. I understand that I may ask questions regarding these policies at any time.

Patient Name (Print)

Patient / Parent / Guardian Signature

Date
