



2308 Bardin Rd. Suite 100
Grand Prairie, TX 75052
Ph: 972.660.8457 ~ Fax: 972.660.84

OFFICE POLICIES

(Applies to all patients – Please read before you sign!)

- **A 48 hour notice must be notified for any missed, rescheduled or cancellation of appointments. We reserve the right to refuse the scheduling of a future appointment.**
- **All co-payments are due at the time of service.**
- **As a courtesy Great Southwest Family Dental will file your insurance claim and ASSIST in collection from the insurance company. However, Great Southwest Family Dental does not render services on the assumption that our charges will be paid by the insurance company. Please be aware that any benefits information provided is not a guarantee of coverage, preauthorization or payment. Final determination is made when the claim is processed.**
- **All scheduled Saturday treatment must be Pre-Paid prior to date of service to reserve appointment.**
- Any claim that is not taken care of by the insurance company within 60 days then becomes the patient's responsibility to pay.
- All fees are subject to change 30 days after date of original quote.
- We are no longer responsible for any lab work (crowns, bridges, denture, partial or occlusal guard) that are not seated within 10 business days after notification by the office.
- Warranty on procedures will be voided if regular oral hygiene maintenance (3-6 month check – up, cleaning, or any other special required evaluations) are not kept.
- All payments are due prior to the completion of intended procedures.
- For all unpaid balances, statement will be sent out. After the third statement is sent out and no payment is received, total unpaid amount will be sent to an outside sources for collection and you are responsible for all legal fees.
- Children under the age of 5 years may be accompanied by one adult for hygiene. **If children are seen for treatment, parents must wait in the lobby till treatment is completed, unless called back by our office staff.** If parent is uncomfortable with this policy, patient will be referred to a Pedodontist.
- Transfer of radiographs require: \$20 fee for copying/printing radiograph. At least one week notice prior to the mailing or picking up when radiographs are required. If referred out to a specialist the first set of radiographs will be sent out without a charge as a courtesy. Any sets needed after the first is sent out will have a \$20 fee.

I understand and agree to the conditions of the above office policies.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Please print of Patient, Parent, Guardian or Personal Representative

Relationship to Patient