

Dental Associates of Lancaster, Inc.

Policies and responsibilities

Please read the following and initial each paragraph.

Hours of Operation: Our office hours are 8 AM – 5 PM Monday thru Thursday, and 8 AM – 2 PM Friday.

Walk-ins: We do not see “walk-ins”, but we understand that there are emergencies. We ask that you do try to call in advance.

Patient Responsibilities

Insurance: We accept and will bill **most** insurances. We are not in network with all insurances, so coverage varies between insurance plans. It is **your responsibility** to be familiar with your insurance plan’s coverage including copayments, deductibles, referral and pre-certification requirements and what dental services are covered. It is **your responsibility** to keep us informed of any changes. Patients are strongly advised to call the Customer Service number of their insurance carrier for any coverage questions. INITIAL _____

No show Policy: For established patients, a broken appointment or cancellation not called 1 business day in advance will be charged a \$35.00 fee. **If you miss or break 3 appointments without calling to cancel 1 business day in advance you will be dismissed from the practice.** We try to make courtesy reminder calls to you, if we have a good phone number on file, but this does not free you of your responsibility to keep track of and show up to your appointments. INITIAL _____

If you are more than 15 minutes late for your appointment you may be asked to reschedule. Depending on the doctor’s schedule, you may be offered the opportunity to wait until there is an opening. We understand that there are sometimes unforeseen circumstances and we will make an effort to accommodate you if the doctor’s schedule permits. INITIAL _____

Patient Information: Please keep us informed of any change in mailing address, phone numbers, insurance coverage and issues that affect who may have access to your health information. INITIAL _____