



Office Policies

We are honored that you have chosen Cedar Street Family Dentistry as your dental provider. We are constantly staying up on the leading technology and re-investing in our practice, so that we can deliver top notch, gentle, compassionate care. As our patient, our doctors and team will diagnose and treat with the fullest intent of the absolute best and gentle care possible. At no time will we diagnose and treat our patients limiting ourselves under the guidance of the insurance coverage. That being said, we will strive to get the maximum insurance payment for your treatment as needed.

X-rays

Our office is equipped with the latest, state of the art, safe technology in digital radiographs. We will update any necessary x-rays, including PANOREX (less than three years old) and BITEWINGS (less than 1 year old). All new patients are responsible in making sure we have any current x-rays in time for your first appointment. Please contact your previous dental care provider or any other providers that may have x-rays and have them sent to us at info@cedarstreetfamilydentistry.com *If we do not have current x-rays we will take them in our office in order to complete your exam. Insurance may or may not pay for these. **We do not allow your insurance to dictate the care that you deserve or the care that we provide.** Current x-rays are vital for the doctor to do a complete exam in order to provide top quality care.*

Medicine

Should you need to pre-medicate for any reason, or if you are on any type of blood thinner, please inform us in advance of your appointment. We can kindly remind you to take your pre-medication prior to your scheduled appointment time if we need to. However, it is your responsibility to make sure you are pre-medicated. Should you arrive for your appointment and you have not pre-medicated, and the doctor is unable to complete your appointment, you may be charged an office visit. It is very important that we know all the medicines that you are taking, please list all of them.

Appointments

Your scheduled appointment time has been reserved specifically for you. We request 2 business days notice should you need to reschedule your appointment. If you fail to make your appointment or do not give us 48-hour notice, you may be charged an office visit. We are aware that unforeseen events sometimes require missing an appointment. Repeatedly broken or failed appointments may result in dismissing services as your provider. No services will be rendered to patients with an account balance greater than 30 days. This includes prescription refills and future appointments.



Insurance

Cedar Street Family Dentistry is a provider for multiple dental insurance plans. It is the patient's responsibility to know and understand your plan's benefits. We will file your dental insurance as a courtesy, but we do expect your portion to be paid in full on the date of service. Because insurance policies vary, we can only estimate your coverage, but cannot guarantee coverage due to the complexities of insurance contracts. If you need to know exactly what is covered you will need to contact your insurance company. It is impossible for us to research all dental plans, please do your due diligence.

Payment

Your estimated patient portion must be paid at the time of service. As a service to our patients, we will bill insurance companies and allow them 45 days to render payment. After 60 days, you are responsible for the entire balance to be paid in full. At that time a finance charge will start to accrue each month on any past due balances. Should you have any questions, our team is always available to help you.

In the event your account should be sent to a collection agency for failure to pay, you will be responsible for any and all collection charges and attorney fees.

Payment is expected at time of service. If special financial arrangements are needed, an extended payment plan is available through Care Credit.

Once you have read and understand Cedar Street Family Dentistry's office policies, please initial each policy, sign and date this page. Again thank you for choosing to become a member of our dental family.

Signature _____ Date _____

(signature of patient, parent or guardian)