ALICIA L. DWYER D.D.S., P.A.

OFFICE POLICIES

THANK YOU FOR ALLOWING US TO SERVE YOU. WE WELCOME NEW PATIENTS AND APPRECIATE YOUR REFERRALS. OUR OBJECTIVE IS TO PROVIDE THE FINEST QUALITY DENTISTRY IN AN EFFICIENT AND CARING MANER. THE FOLLOWING GUIDELINES ARE INTENDED TO HELP US PRESERVE THE TRUST OF OUR PATIENTS WHILE MAINTAINING A PERSONALIZED AND COMFORTABLE ENVIROMENT.

1. ALL PATIENTS ARE SEEN BY APPOINTMENT. APPOINTMENTS ARE SCHEDULED ACORDING TO EACH PATIENT SPECIFIC TREATMENT. IN CASE OF EMERGENCY, THE PATIENT WILL BE SEEN AS SOON AS POSSIBLE.
2. A MISSED APPOINTMENT IS A LOSS FOR EVERYONE. WE DO REQUEST THAT YOU GIVE A 48 HOUR NOTICE FOR ANY CHANGES TO YOUR SCHEDULED APPOINTMENT. **APPOINTENTS THAT ARE MISSED WITHOUT PROPER NOTIFICATION ARE SUBJECT TO AN ADITIONAL FEE OF $50.00.**
3. PATIENTS WILL BE ASKED TO UPDATE THEIR MEDICAL HISTORY EVERY YEAR. SHOULD A CHANGE IN YOUR MEDICAL CONDITION OCCUR, PLEASE NOTIFY OUR OFFICE BEFORE YOUR NEXT APPOINTMENT.
4. WE STRONGLY SUGGEST YOU FAMILIRIZE YOURSELF WITH THE TERMS OF YOUR INSURANCE POLICY. THE INFORMATION WE OBTAIN FROM YOUR INSURANCE COMPANIE IS ONLY A BRIEF OVERVIEW. AS A CORTESY, WE WILL FILE YOUR CLAIMS AND PROVIDE THE INSURANCE COMPANY THE INFORMATION NEEDED TO PROCESS THEM IN A TIMELY BASIS. **HOWEVER**, **ALL CHANGES ARE ULTIMATELY THE RESPONSIBILITY OF THE PATIENT REGARDLESS OF INSURANCE COVERAGE.** INSURANCE WILL IN NO WAY DETERMINE YOUR DIAGNOSIS OR TREATMENT.
5. DUE TO THE LENGTHY PROCESS INVOLVED DEALING WITH “SECONDARY” OR “DUAL” COVERAGE INSURANCE OR WORKER’S COMP INSURANCE OUR OFFICE WILL PROVIDE YOU WITH AN INSURANCE CLAIM FOR YOU TO FILE. PAYMENT AFTER THE PRIMARY POLICY HAS PAID IS REQUIRED. WORKER COMP CASES REQUIRE PAYMENT AT THE TIME OF SERVICE.
6. WE ACCEPT CASH, PERSONAL CHECK WITH VALID TEXAS DRIVER LICENCE, MONEY ORDERS, MASTER CARD, VISA, DISCOVER, AMERICAN EXPRESS AND CARE CREDIT AS METHODS OF PAYMENT. A $30.00 FEE WILL BE ASSESSED ON ALL RETURNED CHECKS. ADDITIONAL EXPENSES WILL BE CHARGED TO THE PATIENT.

I HAVE READ AND ACCEPTED THE GUIDELINES LISTED ABOVE.

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PATIENT/ OR GUARDIAN SIGNATURE DATE