

**MIDLANDS PERIO/ENDO CENTER  
7007 BROOKFIELD ROAD  
COLUMBIA, SC 29223**

**OFFICE POLICY**

*The best dental care is based on a friendly mutual understanding among staff, doctor, and patient. The doctors desire to provide superior service to our entire family of patients. In order to do this we ask for your help on these areas. Thank you, and welcome!*

**APPOINTMENTS**

- We strive to see patients at their reserved time. However, we are a medical facility and occasionally circumstances arise that require us to spend more time with a patient. We will always give you the same care and understanding.
- Patients arriving 15 minutes late may be asked to reschedule as a courtesy to the following patients.
- We reserve specific appointments for you. Therefore, short notice cancellations hinder us from providing care to others and delay you from obtaining the care that you need.
- If you do find that you must reschedule, please give our office as much notice as possible. We require at least 48 business hours notice for any rescheduled or cancelled appointment.
- Business hours are 8 am to 5 pm Monday through Thursday. Please contact the office during these hours if you must reschedule or cancel your appointment. In the case of an emergency, please call the office and leave a message after business hours to reschedule or cancel an appointment.
- Any appointment that is rescheduled, canceled or broken with less than 48 business hours notice will result in a \$100 charge.

**INVESTMENT**

- Our mission is to provide you with optimal dental care regardless of insurance coverage.
- At the onset of each visit, patients should be prepared to pay in full, or for those with insurance, their deductible and estimated co-payment. Insurance questions and financial arrangements, if needed, should be addressed at the time an appointment is scheduled, not after treatment has been initiated.
- To our patients with insurance:
  - We allow 45 days for insurance to cover its portion and our office DOES NOT guarantee payment by your insurance company.
  - If your insurance claim is denied, or is not paid as estimated, the balance becomes the patient's immediate responsibility.
- Accounts referred to our outside collection agency will be assessed an additional amount of 35% of the overdue balance.
- In the event any type of collection procedures become necessary, you will be responsible for any collection, legal or attorney fees incurred for you, or if applicable, your dependents.
- This office accepts cash, check, VISA, MasterCard, Discover, and American Express as methods of payment. Additional payment options are available upon request.

**I HAVE READ THIS OFFICE POLICY AND FULLY UNDERSTAND IT AND AGREE TO ABIDE BY THE TERMS STATED FOR MYSELF AND FOR DEPENDENTS, IF APPLICABLE.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED LEGAL NAME: \_\_\_\_\_  
Revised 05/30/2007