



Office Policy

We would like to welcome you to our dental practice. We are delighted that you have chosen us for your oral health needs. Our clinic provides dental care for patients under the following policy. Please carefully read the policy and sign below.

Payment for Services:

1. All of your dental needs may not be covered by your dental insurance policy, either because it is not a benefit or because of benefit limitations. Our office has no control over what is covered or not by your insurance policy. You are financially responsible for all services that you receive that are not covered by your insurance policy. All payment for services performed are due at the time of service.
2. Insurance may deny all or part of your dental care. Any dental service performed that has been denied by your Insurance will be your responsibility to pay.
3. Patients with an outstanding balance for dental work provided will not be seen until all balances are paid in full.

Initials: _____

Referral to Other Dental Specialists and Acceptance of Cases

1. If some of your dental needs require the care of a dental specialist we will attempt to refer you to a dental specialist. All clinical decisions are made at the discretion and professional judgment of Dr. Perry.
2. Our clinic is required by law to maintain all patient dental records. If you would like a copy of your record, you will need to complete a request form.
3. The acceptance of any case into the practice is at the sole discretion and professional judgment of Dr. Perry.

Initials: _____

Appointment Cancellations:

1. Ponte Vedra Family Dentistry provides care to a large group of patients. In order to keep our clinic open it is important that you keep all scheduled appointments. If you must cancel an appointment, a 24- hour advance notice (one business day) is required. This will give us the opportunity to schedule another patient for that time.
2. If you miss your scheduled appointment and have not given a **24-hour advance notice** you will responsible for a **broken appointment fee of \$75.00.**

Initials: _____

New Patient Policies Appointment Times:

1. In order to provide our patients with timely appointments it is extremely important that you arrive to your appointment on time. If you are more than 15 minutes late for your scheduled appointment, you may be rescheduled for a later date.
2. We will make every effort to see you at your scheduled appointment time. However, we may at time be running late due to other patient needs and unforeseen circumstances of care. If our dentist is unable to see you within 30 minutes of your scheduled appointment time you will be allowed to reschedule your appointment.

Initials: _____

Children's Dental Care:

1. A parent or legal guardian must stay in the clinic all times while a minor is being treated.
2. Legal guardians must provide documentation that they have authority to authorize dental care for a minor.

Initials: _____

Dismissal from the Practice:

1. Patients may be dismissed from the practice at the discretion of Dr. Perry. Reasons for dismissal include, but are not limited to:
 - Refusal to cooperate and work with the dental staff.
 - Threatening, inappropriate or rude behavior.
 - The use of profanity.
 - Failure to pay an outstanding balance.

Initials: _____

I hereby acknowledge that I understand and accept the Ponte Vedra Family Dentistry's New Patient Policies.

(Patient, Parent or Legal Guardian's Signature)

(Date)