

*Jeffrey D. Pruiett*  
719 N. 39<sup>th</sup> Ave, Suite 102, Yakima, WA 98902

**Office Policies**

We are pleased you have chosen our practice to provide you and your family with your dental care. Our ongoing mission is to provide excellence in dentistry. It is important to us that you know you are receiving the best in contemporary, safe and effective dentistry. We strive to bring you a good experience while providing a clinically safe environment. We are aware of the many options available to you when seeking a dentist. We are proud you have chosen our office.

As dental professionals we want to ensure you quality dentistry and the personal attention you expect. In return, we ask the following. We encourage our patients to discuss any questions you may have regarding these policies.

Failed or Canceled Appointments

**Please allow at least 24 hours notice if you are unable to keep your scheduled appointments.** It is not our policy to book multiple patients into the same time slot, therefore, when a patient fails to keep an appointment, the Doctor or the hygienist is left with unused time. This time could've been used to provide care to another patient who may be waiting for an earlier appointment. Because of this, repeatedly missed or canceled appointments without notice may incur a charge, this charge will be the patients responsibility.

Insurance

If you are unaware of your insurance coverage, please check with your insurance company or human resource department to determine your exact benefits and/or fee schedule. The patient or attending parent is responsible for any balance from denied insurance claims or for service not covered by your specific insurance plan.

We cannot accept responsibility of negotiating claims with insurance companies or other persons. Our office manager can offer support to you, but ultimately the insurance is yours. The patient is responsible for payment regardless of the status of a claim.

As dental care providers, our relationship is with you, not your insurance company.

Credit Policy

Your estimated portion of the fees not covered by insurance is payable at the time of service. Payment is expected as services are rendered unless prior arrangements have been made. Forms of payment include cash, check, Master Card, and Visa credit cards. If arrangements need to be made, please check with the business manager for financial arrangements. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly

Treatment Plan

A written treatment plan is available for you by our Office Manager. We will be glad to pre-determine your insurance to better estimate your insurance coverage. This is not a guarantee that the insurance company will pay for these services at the amount of the pre-determination. She will provide you with information necessary to make important dental decisions and will discuss financial arrangements with you. Please feel free to ask questions. You are important to us and we want you to be an informed dental partner.

I have read and agree to the above policies and financial arrangements

Date: \_\_\_\_\_ Signature: \_\_\_\_\_