



8415 N. 125th E Ave.
Owasso, OK 74055
Phone: 918-272-0031

PATIENT POLICIES

*** Please initial each policy below indicating you have read and agree to abide by each policy. ***

1. Financial Policies:

_____ Payment of the patient's estimated portion of services rendered is required at time of service. We accept cash, check, Visa, MasterCard, and Discover. If you should need to carry your financial commitment over a period of time, an option of interest free or low interest credit could be an option through CareCredit.

_____ In the event (such as divorce) that more than one party is financially responsible for dental balances, the parent/guardian who brings the child for their appointment is responsible for payment at the time of service. Any financial arrangement is between the two parties, not our office. Please do not ask us to assume the responsibility.

2. Appointment Policies:

_____ In the event an appointment must be cancelled, please notify our office at least 24 hours in advance. This courtesy allows us to fill the vacant appointment. Failed appointments or cancellations made less than 24 hours before appointment time may be charged a rescheduling fee.

_____ Excessive cancellations or failed appointments may result in termination of patient care privileges at this office.

3. Appointment Policies regarding minors:

_____ A parent/guardian/adult must accompany patients under age 18 to their appointment.

_____ We ask all patients to accompany our staff to the treatment area by themselves. We find our younger patients are more cooperative when the parent or accompanying adult is not present. We will be happy to give progress reports during the procedure.

I have read, understand, and agree to abide by the above listed policies.

Patient or Parent/Guardian Signature

Date

Print Patient Name

Date