



Satsuma Family Dental

The practice philosophy of Satsuma Family Dental is “Love your patient as yourself”. This office is committed to providing painless, quality dental care in a safe, pleasant, professional working environment.

In order to treat our patients at the highest professional level, we now ask the following:

Patient Responsibilities

- _____ 1. Notify us of any changes in your address or insurance information at the time of change.
- _____ 2. Be familiar with your insurance requirements, regarding whether specific providers are required.
- _____ 3. Inform our office if you have seen another dental provider using benefits.
- _____ 4. All appointments are scheduled in advance. There will be a \$25 fee for missed hygienist appointments and a \$50 fee for missed procedures. To avoid these fees, please cancel 24 hours in advance for hygiene and 48 hours for procedures.
- _____ 5. We agree to file primary insurance claims as long as information is provided. Co-payments must be paid at the time service is rendered (your insurance requires this.) There may be an unpaid portion because these are just estimates. Any unpaid amount must be paid when billing is received.
- _____ 6. The fee for returned checks is \$35.

I have read and understand the above policies.

Patient Signature _____

Date _____