

**Heggerick, Alwazzan & Noel, D.M.D.**

**Weston Dental Specialists Group, PC**

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**OFFICE POLICY**

**Payment:**

We do not participate with any Dental Insurance and therefore Payment is due in full at the time service is rendered, unless other arrangements have been made. For your convenience we do except the following forms of payment: Master Card, VISA, Discover, Check and Cash.

**Insurance:**

We are happy to submit all dental claims, pre-treatment estimates, required radiographs and narratives to insurance carriers for you. Our office is considered out of network and therefore it is very difficult for us to follow up with patient outstanding claims, we will however do our best to help you receive insurance reimbursement. Please allow up to six weeks for reimbursement and if not please notify the office.

**First Appointment:**

All new patient forms are currently available on our website for download or if you prefer, you may arrive for your appointment 15 minutes earlier to fill out necessary paper work. At your first appointment you will be asked to fill out the following: Patient Information Form, Medical History, Privacy Practice Consent (HIPAA) and General Dental Consent Form. Please come prepared with your medical Physician's contact information, a list of current medications, dental card, group and subscriber's information.

**Cancellation Policy: (fee may apply)**

We would greatly appreciate 24 hour notice from any patient (or patient representative) should they need to reschedule or cancel an appointment. We do understand that occasionally circumstances do arise that may keep you from attending your dental appointment. We reserve the right to apply a cancellation fee if this policy is not respected. A fee of \$75.00 will be applied for last minute cancellations or no shows for Hygiene cleaning appointments.

**Privacy Policy:**

By following all the standard state and federal guidelines regarding patient privacy, we assure our patients that all their personal and medical information is safe and secure. This is done for the protection of each and every patient in our practice.

**Radiographs:**

Original radiographs are the property of Weston Dental Specialists Group, PC. If you wish to obtain a copy, we require 2 to 3 business days.

I have read and agree to the above policy.

Patient Name: \_\_\_\_\_

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