

For your convenience,

The attached pdf is interactive so you can submit it online. Depending on your browser it can send differently.

Follow these directions for optimal performance and delivery.

THE FASTEST AND EASIEST OPTION:



Safari

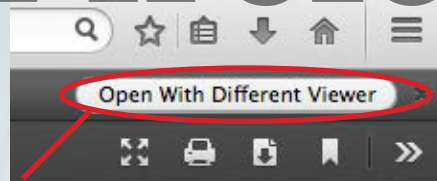
Safari is compatible with interactive pdf files. Thus, you should be able to fill it out and submit right from your browser.

YOU NEED ADOBE READER TO OPEN INTERACTIVE PDFS IN FIREFOX. IF YOU DON'T HAVE IT INSTALLED HERE IS THE LINK TO DOWNLOAD:

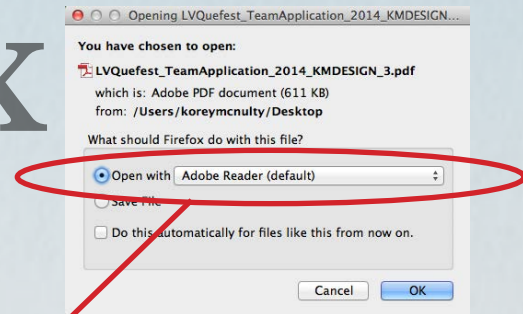
get.adobe.com/reader/



Firefox



1. In the upper right hand corner click "Open With Different Viewer."

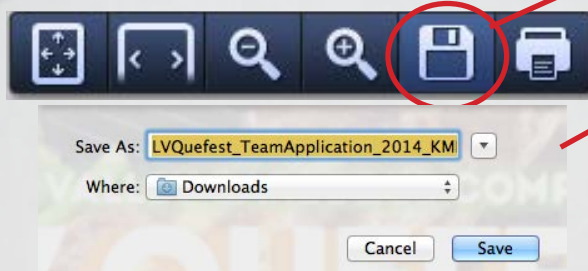


2. This dialog box should appear. Click "Open with Adobe Reader" and press Ok

YOU NEED ADOBE READER FOR THIS BROWSER. USE THE LINK IN FIREFOX DESCRIPTION.



Chrome



1. In the lower right hand corner should be this command box. Click on the save icon

2. This dialog box should appear. You can choose what to save it as and where to save it. The important thing is making sure you have Adobe Reader so that you can open and send it correctly.

Smile, you've come to the right place.



Financial Policy

Patient's with Dental Insurance:

Ultimately it is the responsibility of the patient to pay if insurance does not.

Patient's with insurance are required to pay their co-pays and deductible at the time services are rendered. We will make our best effort to calculate your co-pay. Please keep in mind it is only an estimate and we base all of our calculations on your insurance plan. Every insurance policy has variations: If we overestimate or underestimate your co-pay we will credit your account, issue you a refund check or bill your account for the balance.

Patient's without Insurance:

Payment is expected in full at the time services are rendered.

Portions Not Covered by Insurance and Patient's without Insurance: The following options are accepted.

Cash, Check, Visa, Mastercard, Discover and American Express.

Cancellation Policy

The appointment you made is especially reserved for you. We require a minimum of 48 hours notice for any appointment changes such as cancelled or rescheduled appointments.

A fee of \$50.00 will be charged to your account if 48 hours notice is not given.

If you fail to show for your scheduled appointment and neglect to give a courtesy call a fee of \$75.00 will automatically be charged to your account.

Repeat cancellations or no shows will result in an automatic charge equivalent to the amount of services that were to be provided at that reserved appointment.

We will require pre-payment after 2 consecutive cancellations or no shows prior to you scheduling another visit.

We do understand emergencies arise, but we ask you to treat your dental appointments with priority too.

I have read the above financial and cancellation policies and agree to them both.

Patient's/Guardian's Signature _____

Date _____