

Office Guidelines

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and we work very hard to schedule appointments that accommodate the busy scheduling needs of all our patients.

- We value your time and ask that you value ours by arriving on time for all appointments
- Please silence your cell phone during dental treatment
- We require 2 business days notice to cancel or change an appointment or you may be subject to a \$75 cancellation fee.
- ***It is our office policy that after 3 broken appointments we are unable to see you in our office for your dental needs***

In our continued commitment to provide the highest quality dental care available to all our patients and to make those services affordable, we are pleased to offer you these options for payment:

- Care Credit
- Cash, check, Visa, Mastercard, American Express, Discover
- 10% Senior courtesy for patients 65 years and older and without insurance
- 5% courtesy for patients with no insurance and paying with cash or check, (debit does not apply)
- We work with most dental benefit plans

I agree that I am fully responsible for the total payment of all procedures performed at Puyallup Valley Dental Care for myself and any dependents listed on my account.

I understand that the estimated portion not covered by insurance is due the day these services are provided. I understand that there may be a residual balance even after I pay my estimated portion and after my insurance pays.

I understand that all services are due to be paid in full within sixty (60) days of date of service, whether or not my insurance benefits have been received.

One (1%) per month interest, twelve (12%) per year (per RCW 19.52) will be charged on accounts unpaid 60 days after treatment.

Print name _____ Date _____

Signature _____

Relationship to patient if patient is a dependent _____