

Jack B. Siegrist D.D.S.
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Office Policy

So that our office can better serve you, we find it necessary to have all patients read and understand our office policy. If you have any questions, please feel free to ask the office staff.

BROKEN APPOINTMENTS

Please understand that appointment time in any dental office is limited and valuable. Therefore, it is important that all patients honor their reserved appointment time. Failure to do so deprives other patients from receiving needed dental care in a timely fashion.

So that we the dentists and our staff will not be penalized by those who fail to keep their appointments, **our office reserves the right to charge \$25.00 for broken appointments.** This fee will not be charged if we receive 24 hour notice prior to your scheduled appointment time. The patient is responsible for the charge and it is to be paid prior to the scheduling of any new appointment.

FEES AND FINANCIAL ARRANGEMENTS

Any patient with insurance must bring in an insurance card. It is the patient's responsibility to advise the staff of any insurance changes along with address and phone numbers. We accept VISA, Discover, Mastercard, and American Express.

TREATMENT RECOMMEDITIONS

The Doctor and staff strive to provide you, the patient with the most accurate and complete treatment plan possible. In the event that there is a discrepancy between the information received and the final amount, **please keep in mind that it is just an estimate and the insurance may pay more or less than what was estimated.** Also, the Doctor may have to alter his original treatment in order to provide the best dental care for you.

ACCOUNTS WITH DENTAL INSURANCE

We file your insurance as a courtesy to you. However, the relationship is between you and your insurance company. The patient is always responsible for his or her portion at the time of service, and if the estimated insurance portion is not received within **45 days, the total amount becomes the full responsibility of the patient or the guarantor (parent or guardian).** It is the patient's responsibility to understand the terms and conditions of their insurance. The staff will not be responsible for any incorrect information received over the phone from your insurance company. If you have any questions please contact your insurance company.

Signature _____ Date _____