



Berthoud  
Family  
Dentistry

CARMEN L. BECKWITH, DDS

*Healthy Smiles for Lifetimes*

### Office Policies

Our goal is to provide a safe and comfortable environment as you receive modern dental care.

It is our goal to ensure proper time is reserved for each patient. To do this, a set schedule is essential. We depend on our patients to be here when an appointment is scheduled. On most occasions, a patient can still be seen if they show up late. However, an appointment may need to be rescheduled if a late start conflicts with another patient. We reserve this right if needed.

As a convenience to you, we make appointment reminder calls two days in advance of your up-coming appointment. If an appointment requires rescheduling, we are happy to assist you in finding another time.

We do require 24 hours notice if you will be unable to keep a scheduled appointment. This provides us the opportunity to offer the appointment to another patient. **If 24 hours notice is not given, you may be subject to a cancelation fee of \$55.**

#### Insurance:

We will submit your claims to most insurance companies. If a procedure is not fully covered, your estimated portion of the charge is expected at the time of service. Certain procedures such as root canals and crowns are considered major, meaning the associated fees are rarely covered 100% by insurance. Due to laboratory fees and cost of materials, we require **50% down** at the initial visit for the procedure. If you have insurance, your estimated portion of the charge is expected at the initial visit.

#### Account Balances:

Payment of your portion is expected at the time of services. We accept cash payments, personal checks, Care Credit and major credit cards. In the event a check is returned to us by your financial institution for any reason, a **\$25 service charge** will be applied to your account.

In the event a balance is grossly overdue, and no effort has been made to keep the account in good standing, the account holder will be sent to a collection agency. In this case, all concerned patients will be released from this practice and emergency services will be provided for a 30-day period on a cash basis only.

By signing this, I certify I understand the above policies, and agree to abide by the same. Furthermore, I give my consent for Dr. Carmen Beckwith to provide dental care for myself and/or my minor children.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We thank you for your attention to our office policies. We strive to give our patients the utmost care and courtesy. If you have any questions or concerns, please do not hesitate to contact the office.

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[www.BerthoudFamilyDentistry.com](http://www.BerthoudFamilyDentistry.com)