



DNA DENTAL
DALLAS

OFFICE POLICIES

DNA Dental Dallas, Dr. Darya Timin
6162 East Mockingbird Lane., Suite 205 Dallas, TX 75214
214-295-9270 | www.dnadentaldallas.com

Cooperation

Successful dental treatment is a team effort involving you as the patient, the doctors and our team. Without cooperation, successful treatment planning, achieving optimal results and maintaining the treatment results are difficult or impossible and the results may be disappointing to everyone.

Cancellation and Broken Appointment Policy

- Reserved appointment time in any dental office is limited and valuable.
- It is extremely important that all patients honor their reserved dental appointments.
- Routine appointments require a 24-HOUR advance notice to reschedule.
- This will allow us time to offer your reserved appointment to someone who is waiting for an appointment or is in pain.
- In case of failure to give sufficient warning to keep a scheduled appointment (24 hours advance notification), will result in a \$50.00 fee being charged. That charge which is in accordance with our dental office's broken appointment policy for all of our patients is to be paid within 30 days to prevent collection procedures. The patient/parent/legal guardian is responsible for the charge.

Financial Obligations

You have full responsibility for payment of the dental services that you or your dependents receive here. Fees are due and payable in full at or before the time services are rendered. A 1.5% finance charge (18% annually) will be added to any balance over 30 days past due. Any unpaid balance after 90 days will be sent to collections at which the patient is responsible for any fees associated with the collection of the balance.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We have no control over their decisions and the amount they pay. However, as a courtesy to our patients, we will file your primary insurance claims for you.

Before treatment, we will verify your coverage and calculate your deductible and co-payments as accurately as possible. Please understand that all treatment plans given are only an estimate based on the information your insurance company provides. All deductibles and co-payments are due the day the treatment is rendered.

Please be aware that your insurance company does not guarantee payment over the phone. We will not know the exact amount they will pay until they respond to the claim. **REGARDLESS OF WHAT YOUR INSURANCE COMPANY PAYS, YOU REMAIN FULLY RESPONSIBLE FOR PAYMENT OF YOUR BILL.** Once a payment is received on your claim, we will send you a bill for any remaining balance on your account.

Maintenance Obligations

For successful treatment results and to lessen the risks of complication, you agree to comply with your individualized maintenance program and keep excellent home oral hygiene. It is typical to need follow-up visits for occlusal or other adjustments after treatment. You agree to notify the Practice at the soonest possible moment in the event that you experience pain, discomfort or any other problem that you believe may be related to treatment in our office. Nothing in this form extends the applicable statutes of repose or limitations for dental services. You agree to keep your follow-up appointments and to follow recommended treatments as well as follow other precautions and recommendations that may be provided as part of your pre-op or post-operative instructions.

By signing below, I acknowledge and agree to the terms above.

Signature _____ Date _____