

Coastal Dental Group

POLICIES

Please read this document thoroughly and sign your name at the bottom. By signing this document you acknowledge that you were informed of these policies.

Cancellation Policy: Unlike many medical/dental offices, we do not book multiple patients at the same time! Many offices do this due to the high cancellation rate, forcing the patient to wait a substantial amount of time before seeing the provider. We believe that your time is just as valuable as ours, therefore we expect that when an appointment is booked, the patient keeps the appointment. In our office, if we do not receive notice of cancellation 48 hours in advance, the patient is charged \$50.00 per ½ hour of time booked in our schedule!
Initial _____

Financial Policy: Our office requires payment at the time of your service. If you have an insurance plan that we accept, we will submit a claim and bill them directly for reimbursement on your behalf, but require that your co-pay for the treatment is paid on the date the treatment is performed! We require a deposit (50% of the co-pay) at the time the appointment is scheduled for new patients. Initial _____

Warranty: Professional dental cleanings/exams are a crucial part in maintaining the health of your teeth and gums. Removal of plaque and tartar is essential in maintaining a healthy mouth. As always, we tailor your treatment to what is best for you and not your insurance company! If you do not receive a professional cleaning every 3/6 months (based on what your provider recommends), you are susceptible to: Gum disease (bone loss around the teeth, bleeding gums and bad breath), cavities (decay on the tooth structure due to bacteria, (plaque and tartar), sitting on the teeth, root canals from extensive decay, crowns and eventual loss of the tooth completely! If you are diagnosed with gum disease and do not receive the necessary treatment, most insurance companies will not pay benefits on any restorative treatment you may need until the gum disease is treated. Dr. Zicchino guarantees his work for up to 2 years ONLY if you treat your gum disease accordingly and/or receive your regularly scheduled cleanings! By signing this form you understand that if your dental treatment fails due to poor oral hygiene and/or not adhering to your recommended dental visits, it is your responsibility to have your work re-done or alternate treatment completed! Initial _____

Signature: _____

Print Name: _____

Date: _____