

Our Appointment Policy

Our office considers all scheduled appointments as confirmations. We reserve one-on-one time for you with each team member including the doctor. If you need to cancel or reschedule an appointment, we require a three (3) business day notice. This allows our office ample time to offer the appointment to another patient. If we do not receive a three (3) business day notice we may charge a \$50.00 fee to your account, and we may ask you to pre-pay to reschedule the appointment. We understand that an emergency can arise with no notice, i.e. death or illness. In case of an emergency, we ask that you notify our office as soon as possible.

Our Appointment Reminders

As a courtesy our office utilizes automated text and emails for appointment reminders. This is a great tool for our patients to utilize for reminders. We ask you to follow the prompts given from the automated reminder to confirm the reserved appointment. You may opt out of automative messaging at any time.

Our Office Policy

Dr. Steven Lee has established reasonable and competitive fees for services in the geographical area. We give our patients a procedure estimate, so that you may check with your insurance carrier to see what may be paid. If you should receive information from your insurance carrier stating our fee is above their usual, customary and reasonable payment amount, your carrier may have set a ceiling of limit on various procedures. What your insurance carrier may not tell you is that other carriers may pay our charge in full. Most insurance companies pay our full fee with few exceptions. Therefore, we believe our fees are within the reasonable and customary range for this geographical area. We think it is unfair for an insurance carrier to imply that we have mistreated you by overcharging for services rendered. This often places the doctor in a sensitive situation, which could damage the patient/doctor relationship. We are very conscious of our charges and our commitment to you.

Our office is out of network for all insurance carriers. In order for our office to file a dental claim on your behalf you will need to provide your dental insurance card. Regardless of insurance we do ask for payment for services at the time procedures are provided.

Printed Name: _____

Signature: _____

Signature of Parent/Guardian: _____