



Welcome to the Mouth Carolina Family!

Dr. Andrew Greenberg, DMD - 3 Gamecock Avenue, Suite 302, Charleston, SC 29407 - Tel: 843-556-4798

My staff and I thank you for selecting us to be your dental care providers. Our main objective is to deliver the highest quality of dental care in a friendly and caring environment. We believe that Preventive Dentistry is essential to minimize issues and deal with them before they become noticeable problems to you. We always strive to be conservative as possible with our dentistry and our treatment recommendations. We, therefore, recommend that you have any treatment that we suggest having done as quickly as possible to minimize risk. To provide you the best care, an understanding of our office policies is important.

PAYMENT AND INSURANCE POLICY

We ask that all charges be paid in full at the time of treatment. Bills sent from the office are due when received.

MAJOR SERVICES - The patient's portion on crowns, bridges, partial dentures, bleaching trays, and biteguards must be paid in full at the visit when the work is sent to the Lab to be finalized.

Custom trays for bleaching, bleaching materials, dentures, partials and biteguards are non-refundable. We accept cash, personal checks, MasterCard, Visa, Discover, American Express and Care Credit financing.

If you have dental insurance; we will file for you; however, please understand that:

1. Deductibles, **estimated** co-payments, and non-covered charges are due at the time of treatment. If there are any differences between what your insurance pays and what we estimated, you will receive a bill for the difference after insurance pays.
2. Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. Therefore, **all charges are the responsibility of the patient (custodial parent or guardian of patient is a minor) whether your insurance company pays or not.** We expect patients to have an understanding of how their insurance works (re: maximum, deductibles, co-pays)

If you have a dental emergency during office hours, call the office immediately. We will see you as soon as possible. After hours, call the office number. If you reach the answering machine, leave your name, phone number, the time of the call and a brief message and we will return your call. We reserve the right to limit after hours emergency office visits and phone requests for medications to patients being seen for regular visits and scheduling recommended treatment on a timely basis. A patient is considered inactive after three years of no activity on the chart.

CANCELLATION POLICY - As a courtesy, we attempt to confirm appointments two to three days in advance. However, it is your responsibility to keep the appointment, even if we have been unable to reach you. We ask that you give us at least 24 hours notice if you are unable to keep your appointment. If you have a last minute emergency, please call as soon as possible so we can adjust our schedule.

We reserve the right to add a \$50 cancellation to your account for missed prophylaxis appointments with less than 24 hours or no notice. For restorative or surgical procedures a cancellation fee of \$70 per hour allotted may be applied.

RETURNED CHECK/COLLECTION POLICY - Returned checks will be subject to additional collections fees. If this account has to be turned to collections or the magistrate the undersigned guarantor (custodial parent or Guardian if patient is a minor) agrees to pay all legally allowed interest and all collections and attorney's fees.

I have read and understand the above statements and certify that the statements on the health history and registration form are true and correct.

Patient name - please print

Signature of the patient or guarantor

Date