

Cutbirth & Sanderson, D.D.S.
827 S. Magnolia Blvd. Suite 1
Magnolia, Texas 77355
(281) 356-3721

OFFICE POLICY

Thank you for entrusting us with your dental care. As a team we strive to provide the highest quality care in a friendly relaxed atmosphere. We would like to take this time to make you familiar with some of our policies. **Please read and initial next to each statement.**

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE
WE ACCEPT CASH, CHECKS, MAJOR CREDIT CARDS, AND MOST INSURANCE**

_____ Our office will file your insurance as a courtesy to you, but if for any reason your insurance company does not pay within 30 days from the date of service, **please understand that you will be responsible for the unpaid balance.**

_____ We require at least 24 hours notice in advance for cancellations. Please help us serve you better by keeping scheduled appointments.

_____ Adult patients are responsible for payment at the time of service, unless previous arrangements concerning that day's treatment have been made.

_____ The adult accompanying a minor patient is responsible for full payment at the time of service. Arrangements should be made for unaccompanied minors to pay at the time of service.

_____ Please be on time. This allows us to see all of our patients in a timely manner. When patients are 10-15 minutes late we would rather reschedule the appointment than hurry through the needed treatment or run into the next patient's scheduled time.

It is our policy to give you our undivided attention during your appointment. Unless we are treating an emergency, we do not double-book like other practices, so the cost of needlessly missed appointments is especially expensive to us all - in overhead, time and eventually, in patient fees.

Thank you for your understanding and cooperation.

Print name _____ Date _____

Patient's Signature _____