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### **OFFICE POLICY**

Thank you for choosing us as your dental care provider. We are comitted to your treatment being successful. The following is a statement of our policies we require you to read and sign prior to treatment. If you have any questions, please feel free to ask.

#### **PAYMENTS**

Payment in full is expected at each visit. We do, however, offer several payment plans with approved credit. Should treatment be covered by dental insurance, we ask for your share, including the deductible, if applicable at the time of the appointment. When paying with cash or a check, we offer a 5% discount. We also accept, VISA, M/C, American Express and Discover for your convenience. (5% discount does not apply to credit cards.)

#### **MINOR PATIENTS**

The adult accompanying a minor, parent or guardian is responsible for payment. Unaccompanied minors must have parent or guardian make prior arrangements with the front desk for method of payment at the time of service.

#### **MISSED APPOINTMENTS**

We ask for 24 hours notice when needing to reschedule or cancel an appointment. Patients who do not show for 3 consecutive appointments with no prior notice will be released as patients. Please help us serve you by keeping scheduled appointments.

#### **REGARDING INSURANCE**

Your insurance is a contract between you and your insurance company. We are not a party to that contract. We are happy to bill all dental insurance companies but our estimates of what insurance will pay are not a guarantee of payment from them. The only way to have a payment schedule from them is to pre-authorize your dental treatment. We recommend this procedure for all patients with dental insurance. Any balance remaining after insurance has paid is your responsibility and needs to be paid within 30 days. Please be aware of your benefits. Some services provided may be non-covered services, and may not be considered reasonable and/or necessary under your insurance plan. Once again, the only way to determine this is with pre-authorization.

DATE: \_\_\_\_\_ Patient (and/or guardian): \_\_\_\_\_