

Office Guidelines for Lawrence R. Muller, DDS

Name: _____

APPOINTMENTS

When time is reserved for you within our schedule, it is exclusively for you. We begin preparing for your treatment in advance of your arrival. During our morning huddle, we discuss each person's treatment to be done that day, the materials to be used and what equipment to have ready. Some procedures such as retainers, nightguards, or crowns and bridges require that we call our lab in advance and let them know there is a case to pick up that day. We respect your busy schedule, and we ask that you have the same regard for us and not allow any late arrivals, cancellations or failed appointments. We maintain the right to charge for missed appointments. A pattern of late arrivals, cancellations or failed appointments on your part may result in our asking you to proceed with your dental care elsewhere. If you need to change an appointment, we ask you to please give us at least 72 hours' notice.

PAYMENT OPTIONS

Your portion is expected when our work is complete. We accept cash, checks, Visa, MasterCard, American Express and Discover cards. To offer payment plans, we partner with Care Credit. They allow patients to move forward, finish their treatment in a timely manner, and pay for it over time. They offer payment plans without interest, and require credit approval.

INSURANCE

We will accept assignment of your insurance benefits and gladly process your claims for you. We will assist as much as possible with insurance benefit information, however, we cannot guarantee that their estimate will be their payment. Any insurance claims remaining unpaid after 60 days become your responsibility and become due within 14 days.

I have read and understand the above: **Signed** _____ **Date** _____

I hereby assign my benefits and give permission for my insurance to send payment directly to Lawrence R Muller, DDS. I authorize release of information related to filing of claims.

Signed: _____ **Date** _____

PRIVACY

Our office is required to follow federal HIPAA regulations. A copy is available on this site, and in our office. I have read____, received____, don't care to see____ a copy of the privacy notice.

Signed: _____ **Date** _____