

**Rosemeire Santos-Teachout, DDS, MS**  
**Dansville Family Dental Care**  
**191 Main St, Dansville, NY 14437**

**Financial & Appointment Policies**

**Financial Policy:** Payment in full is required at the time of service. We accept cash, personal checks and all major credit cards. If you need financial assistance, please go to CareCredit.com to be pre-approved for interest free loan options. **Initials:**\_\_\_\_\_

**Dental Insurance:** We would like to stress that our relationship is with you and not with your insurance carrier. As a courtesy, we will bill your insurance for you and will send any necessary letters and pre-determinations. If we can verify your coverage and your insurance company will send payment directly to our office, we will bill your insurance and you will be required to pay your **ESTIMATED** co-pay and deductible at the time of service. If we are filing dental insurance, be aware that it is an extension of credit therefore your Social Security Number is required. Fees incurred for dental treatment are your responsibility regardless of insurance reimbursement. **Initials:**\_\_\_\_\_

**Unaccompanied Minors:** NYS law requires parental consent for services provided to a minor. A parent or guardian **MUST** accompany children under 18 years old to their first dental appointment. A parent or guardian must also be present for major procedures, ie: extractions, root canals. **Initials:**\_\_\_\_\_

**Appointment Policy:** A scheduled appointment is an agreement between the patient and the dental provider. We agree to reserve the time, staff and equipment to serve you. We ask that you be here on time to receive that service. Please mark below how you would prefer to be contacted regarding appointments:

- Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  
 Text Message \_\_\_\_\_  Email \_\_\_\_\_

May we leave a detailed message regarding your appointment?    Yes    No

**Broken Appointments:** Please be considerate of other patients. If you fail to show for an appointment, or call to reschedule your appointment with less than 24 hours notice, you deny other patients the opportunity to use that appointment time. **A \$25 fee will be assessed for appointments that are broken or cancelled with less than 24 hours notice.** We certainly understand when emergencies happen, however, patients who establish a pattern of late cancellations or broken appointments will be required to seek their care elsewhere. **Initials:**\_\_\_\_\_

**I have read and understand the above policies and agree to abide by them.**

**Patient/Guardian Name:**\_\_\_\_\_ **Date:**\_\_\_\_\_