

CHARLESTON FAMILY DENTISTRY
2170 SAVANNAH HIGHWAY CHARLESTON, SC 29414
843-571-0117 FAX 843-571-0952

OFFICE PROCEDURES AND POLICIES

Welcome to our office. We are glad that you have chosen us to be your dentist. We hope that our relationship will be rewarding one for you and your family. Below are a few points to consider to ensure that our relationship will be a positive one. Please feel free to ask any questions regarding our procedures and/or policies.

PATIENT, PARENT AND/OR GUARDIAN

1. Please call in advance to arrange an appointment and arrive on time. Should you have an after hours emergency, call the office phone and follow the instructions.
2. Your appointment time is reserved only for you. If you must cancel or change your appointment please notify us as soon as possible so we may offer that time to another patient. Please remember that missed appointments cost everyone. You the patient who needs dental care and the emergency patient in pain that could be seen in your missed appointment time. **If two appointments are missed without prior notification you may be dismissed as a patient.**
3. By law, children under the age of 18 must have a parent or guardian present with them in order to have dental treatment. Please do not leave your children while they are being treated. We may need your assistance.
4. Please notify us of any changes to your name, address, health status, or insurance company.
5. **Please present your current Insurance / Medicaid card at each visit. We file insurance as a courtesy to our patients. We ask that you pay any deductible and/or co-pay at each visit. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. We can only estimate your out of pocket cost, sometimes your co-pay may be more that what we have estimated. Please remember that ultimately you are responsible for treatment charges in full.**

DENTIST AND STAFF

1. Our office makes every effort to stay on schedule. Sometimes an emergency occurs which may require our immediate attention, or a scheduled procedure may take longer than expected. Please be patient with us, there may be a time when you have an emergency which will result in others having to wait.
2. Our office staff will be glad to help you in any way that we can. Should have any questions or complaints please bring it to our immediate attention so we may make the necessary corrections.
3. Our office meets all Federal Patient Privacy Laws and OSHA sterilization requirements.

I have read and understand the above procedures and policies.

Patient / Parent / Guardian Signature

Date