



PLEASE RETAIN FOR YOUR RECORDS



INSURANCE POLICY

Our office is dedicated to providing you with the best dentistry available. Our goal is to treat you in the same manner we would treat our own family. In an effort to achieve that goal, we have chosen not to sign contractual agreements with any insurance company. Therefore, if your insurance company has a listing of in-network dentists you must go to, you will not find us on that listing. On the other hand, if you have an option to choose the dentist you prefer, we will be glad to assist you with filing your insurance claims.

Please keep in mind we will file your insurance claims but ultimately you will be responsible for satisfying all balances with our office. Because we are not in-network for any insurance company, we do not solely accept what the insurance company pays as full payment. If there is a problem in collecting from your insurance company, you will be responsible for resolving that problem and paying Dunbar Dentistry for any balance on your account.

In an effort to assist our patients, we verify dental insurance coverage, but like the insurance company themselves; we cannot guarantee payment or eligibility at the time of service. We will estimate your co-pay based upon the coverage information we are given. We ask you to pay this estimated co-pay when services are rendered.

CANCELLATION POLICY

A Twenty-four (24) hour notice is required in order to avoid a \$25 charge for insufficient notice or failed appointments.

PATIENT INFORMATION AND MEDICAL HISTORIES

Please answer the following questions to the best of your ability. This will enable us to provide you with the best treatments.

If you have any questions or concerns, please feel free to discuss them with us. We are glad you have chosen to become part of our thriving dental practice. We will strive to make your visit with us a unique and pleasant experience. Please sign and date below. We will make a copy for you to retain.

Sincerely,

Kim I. Dunbar, D.D.S.

Patient/Guardian Signature

Date