



## **Goldstein Dental Group Office Policies**

**Your insurance policy is between you and your insurance company.** It is your responsibility to know your individual coverage. Failure to understand your coverage may result in the patient/guarantor being responsible for all costs incurred. Goldstein Dental Group will bill your insurance company as a courtesy for you with the information that you provide. Lack of accurate information may result in the patient/guarantor being responsible for payment. If we are contracted with your insurance company you will generally be responsible for the office visit copays and or any deductible if applicable. **Copays are collected at the time of service.**

**Goldstein Dental Group requires a 48 business hour notice to cancel or reschedule an appointment.** Failure to provide notice within those 48 business hours may result in a minimum fee of \$60.00 being charged.

Please understand that we are a dental office and we may need to see patients on an emergency basis. This may delay the doctor's schedule. We do our best to keep you informed of any delays.

I have read and understood the above written information.

Signature: \_\_\_\_\_

Patient name (if minor): \_\_\_\_\_

Today's date: \_\_\_\_\_