



610-691-6522

www.Facebook.com/WolfeDental
www.TheBethlehemDDS.com

Please Email Digital X-rays to: WolfeDentalPA@Gmail.com

Date: _____

Record Transfer for: _____

Date of Birth: _____

Previous Dentist: _____

_____ Phone: _____

Please send a copy of the most recent radiographs to our office.

Date of last Hygiene visit: _____

Thank you in advance for the timely response to this letter.

I authorize the release of my records from the above.

Patient or Guardian Signature: _____



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Please read this entire page and initial each line, sign and date at the bottom

At Wolfe Dental, we believe that you deserve the best care. We always present you with the ideal treatment plan and it is your decision to do all of it, some of it, or none of it, we truly understand and believe in a patient driven and patient first care. Each year, we provide outstanding care to thousands of people from ages 0-100! We are so happy you have decided to join us and we hope you refer your friends and family as well. Here are some policies about us:

INSURANCE Your dental benefits are based upon a contract between you, your employer, and your insurance company. We are merely a third party to your insurance. We provide information to you based on information your insurance has provided us and we give **ESTIMATES ONLY** on your treatment plan and bill at time of service based on this information. Final bills are determined once services are rendered and insurance has paid. Please call your insurance if you have any questions about your plan.

BALANCES: Payment is due at the time of service. If you are unable to pay at the time of service please let us know with more than a 2 business day notice so we may reschedule you at a time in which you are able to make payment. If your insurance does NOT PAY within 30 days you will begin to be billed as you are ultimately responsible for all charges incurred at our office. Please note that some services are sent to a lab to be CUSTOM MADE JUST FOR YOU (crowns, bridges, partials, dentures, nightguards, invisalign, and retainers) these are non refundable and are not able to be "returned".

BROKEN APPOINTMENTS: If you fail to appropriately cancel with a one business day notice or, do not show more than twice, you will be required to pay a missed appointment charge of \$50 before scheduling another appointment. We do understand that sometimes emergencies happen- and please let us know if they do. As a courtesy to you, we send reminders via email, text message, and courtesy calls to remind you of your appointment and we do ask that you give us the same courtesy of a call if you cannot make your appointment as well. We have a limited number of rooms and they are prepared especially for each person, and when you do not show our staff have to take extra time to redo the entire room for someone else. Thank you for your understanding in this matter.

Sign: _____

Date: _____

Wolfe Dental 5250 Freemansburg Ave. Easton, Pa 18045