

OLOPH K. GRANATH, DDS INC. FINANCIAL AND OFFICE GUIDELINES

Welcome to our office! We believe that written communication with our patients regarding our office and financial policies assists us in providing the best quality services and care to you. Below are answers to some of the most commonly asked questions.

PAYMENT AT THE TIME OF YOUR DENTAL CARE: Please make payment for treatment at the time of your appointment. We accept cash, personal checks, MasterCard, Visa, American Express and Discover. For extended payment options, we offer special plans to meet your specific needs. For more information, please speak with our front office coordinators and they will be more than happy to assist you.

DENTAL BENEFITS-INSURANCE: If you have dental benefits, please let us know. We prepare electronic claims, when possible. You will receive a reimbursement from your carrier based on their schedule of allowances.

TREATMENT ESTIMATES: All treatment plans are considered estimates both in scope of treatment as well as cost. Because each situation is unique, we can anticipate the treatment necessary and yet, a different procedure may be required once treatment has begun. (For example, we might anticipate a composite filling, determine there was more decay than visible on x-ray, and then need to perform an onlay). We will do our best to give you the most comprehensive information prior to beginning treatment. However, we assume no responsibility to perform services for prices quoted in estimates.

REGARDING APPOINTMENTS: We recognize how valuable your time is. We will do our best to see you at the time of your appointment. On occasion, we have patient with emergencies. We treat patients in pain as emergencies and appreciate your understanding in these circumstances.

If you are unable to keep a scheduled appointment, we require a minimum of 48 hours notice. If your appointment is scheduled for a Monday, we ask that you contact us by Thursday. This will allow another patient to use the time that has been set-aside for you. Failure to let us know of your cancellation a minimum of 48 hours in advance, will result in a charge to you for the full time set aside for your visit. We appreciate your consideration regarding this important office policy.

CHANGES IN ADDRESS AND MEDICAL INFORMATION: Please advise us if you have had a change in your medical condition (i.e. new medications, allergies etc). Also, change of address, telephone number, email address, place of employment or insurance information should be given to one of the staff prior to your appointment.

EMERGENCY TREATMENT AFTER HOURS: If you should have a dental emergency after office hours, please call (707) 528-9411 and you will be given further instructions for a current number for emergency care.

COLLECTION COSTS: Should it become necessary for us to take action to enforce payment of any amounts owed by you, we must as that you be responsible for the same, included but not limited to attorney fees and court costs.

INTEREST CHARGES: If you have an outstanding balance over 30 days, a 1-1/2% interest charge per month will apply.

SPECIAL NEEDS: We understand special needs. Please let any member of the staff know what you require and we will do our best to accommodate.

If you have any concerns or other questions, please feel free to ask. We are here to help!

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