

# **Crystal Beach Dental**

## **Office Policy and Consent Form**

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services affordable, we are pleased to offer you these options for payment.

### **Cash, Debit, Visa, and Mastercard**

**We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes complicated task.**

We are committed to supporting you in understanding your dental health, so that you will always be able to make the best choices.

I authorize release to my insurance company plan administrator, the information contained in claims submitted electronically and WHEN APPLICABLE hereby assign my benefits to Dr. Gorendar and/or Dr. Fallahi and authorize payment directly to Crystal Beach Dental. Further, I agree that I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental insurance that I may have.

### **MISSED APPOINTMENTS**

Appointment Times are reserved especially for you. Please be on time so that the scheduled treatment can take place.

If for any reason you should need to change your appointment, there will be no charge, provided you give us **2 full business days** notice. If an appointment is cancelled with less than 48 hours notice, a fee of **\$100** may be applied to your account.

Please help us serve you better by keeping your scheduled appointments. We are here to assist you in any way possible. If you have any questions or concerns, please advise our team.

**Our goal is to ensure that you have an outstanding experience here at Crystal Beach Dental!**

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

