**FOX’S SPOKANE DENTURE CLINIC,** **®**

1723 S Ray Spokane, WA 99223

509-535-7434

Denture Repair Provider/Patient Agreement.

By signing this policy update, I agree to the following policy update effective 01/01/2024

* Fox’s Denture Clinic charges $150 as a flat fee for the repair.
	+ Some repairs may require impressions for an accurate repair. This is an additional $100 per arch.
	+ If a tooth needs to be replaced, the cost is $70 per tooth.
* There is **NO** guarantee on repairs, relines, or other alterations on dentures. It is recommended you have your dentures repaired and adjusted with your original manufacturer.
* We will contact you when the repair is completed. If we are unable to reach you it is your responsibility to follow up with our office to obtain your denture.
* While typically repairs are same day, it may be the case we need to hold it overnight if the repair requires additional lab processes.
* All fees for service are due at either repair drop off or repair pick up. If you have insurance we would be happy to bill it; however, payment is due up front at time of service. Our office will reimburse whatever insurance pays.

**If you choose to purchase new dentures at our office, we will credit your repair charge to the cost of the denture if it is within 30 days of repair, unless your insurance is covering the cost of dentures.**

 **WE NO LONGER ACCEPT CHECKS FOR REPAIRS**

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Patient Signature Date

**Patient Information:**

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_*Phone #*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Office Use Only:***

REPAIR = \_\_\_\_\_\_\_\_ TOOTH X\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_ IMPRESSION = \_\_\_\_\_\_\_\_

WARRANTY  INSURANCE  NO CHARGE **TOTAL** \_\_\_\_\_\_\_\_

