

Reem Kidess, DDS, FAGD, PLLC
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Our Appointment & Financial Policy:

Dear Patient,

Welcome to our practice. We here at Dr. Kidess's office are proud to be part of a team whose primary mission is to deliver the finest quality dental care and customer service available. In addition, we are also dedicated to making this exceptional care as cost-effective as possible. We will always inform you of what the fee for your treatment will be prior to starting. To assist you with your healthcare investment, we provide the following payment options:

Payment is due at the time of Treatment.

Please note that we do reserve the right to require pre-payment at the time of scheduling for an appointment that may require blocking out a large segment of treatment time.

Payment Options:

1. Cash or Check.
2. Major Credit Cards (Visa, Master Card, American Express & Discover).
3. Care Credit: Payment Plan - Offers no and low interest options. Instant approval available, allows you to start treatment immediately, and spread payments over time. (Subject to credit approval).

There will be a **\$25.00** charge for returned checks.

Dental Insurance – We directly participate with Delta Dental Premier, and United Dental/Healthcare. We do accept most other PPO or Indemnity Dental Insurance Plans. We will be glad to file your claims for you to maximize your reimbursement from your Dental Insurance. **Please note that any unpaid balance will be your responsibility.**

Your Appointment Time:

- We take great pride in trying to stay on schedule in order to reduce any inconvenient waiting time for our patients. Therefore, we ask that you also, please be on time for your appointment.
- **If you need to Reschedule your appointment, a minimum of 24-hours notice is requested.**
- If you **cancel** an appointment **with less than 24-hours notice**, or do not show up for an appointment-that constitutes a Broken Appointment-and there will be a minimum of a **\$100.00** fee charged per hour for that appointment. Also, **you will need to reserve future appointments with a credit card deposit.**

We would like to thank-you for trusting us with your dental care. We promise to always treat you with the utmost care and respect.

Patient Signature: _____ Date: _____