

DJK | Daniel J. King D.M.D

Important information- Please read

Patient reference guide regarding office policies & procedures

Daniel J. King, D.M.D

Thank you for choosing us as your dental provider. The following is a statement of our policies. We require that you read, agree to and sign prior to your initial treatment.

1. Our office hours for the **Swampscott office** are:
Mondays and Fridays: 7am-2pm, Tuesdays: 7am-6pm, and Wednesdays: 10am-7pm.
We are also open select Saturdays, 8am-12pm.

Our office hours for the **Wilmington office** are:
Mondays: 7am-3pm, Tuesdays: 8am-5pm, Wednesdays: 8am-5pm, Thursdays: 7am-5pm

Please leave a message on our voicemail when the office is closed. All messages will be received and returned on the next business day.

2. To our patients who have email and/or text capabilities, we provide a courtesy reminder message/call regarding your appointment. All others will receive a phone call 1-2 days prior to their appointment. We reserve the right to reschedule your appointment if you are late. If you are unable to keep your appointment, we request a 48 hour notice to avoid a broken appointment fee of \$40-\$100 (depending on the length of the missed appointment). Please keep in mind that when you are late, it affects all patients for the remainder of the day. We are sensitive to the fact that everyone's time is important and valuable. Occasionally, the doctors will need to see an emergency patient which may cause them to run behind schedule. Rarely it may require rescheduling your appointment. If this happens we appreciate your understanding since you could one day be that emergency patient in pain.
3. We require payment in full at time of service. Our office accepts cash, debit cards, Care Credit, personal checks and all major credit cards. Payment arrangements can be made for major services such as crowns, bridges, root canals and dentures.
4. We are a provider of Delta Dental Premier and Blue Cross Blue Shield. We accept payment from most other insurances and are happy to take care of filing the insurance claim for you, providing we have all of your correct and current information. **Please be sure that you do not have a policy that requires you to see a participating dentist.** The insurance contract is between you and your insurance company. You are ultimately responsible to know your coverage information. We will be happy to call or pretreat services when requested but it is NOT done automatically. Many policies will allow you to see a dentist out of network. There are some policies that will only remit payment to the patient. Under those circumstances, you are

responsible for payment at the time of service. We will be happy to submit the claim for you. If your insurance information changes please notify our staff. We do our best to **estimate** your co-payment based on the information provided to us by you and your insurance company. It is important to understand that insurance companies will not commit to payment over the phone. In the event your insurance company denies payment or pays less than estimated, you are responsible for the balance on your account. Also please note: Dual coverage does not necessarily mean that you have 100% coverage for your services. Many insurance companies have a “non-duplicating” clause which means if your primary carrier satisfies the determined coverage, your secondary will not cover the remaining balance. Please call your insurance company if you have any questions regarding coverage and they will be happy to assist you. Our goal is patient comfort and satisfaction and we will do whatever we can to answer your questions and relieve any concerns that you may have.

It is important to understand that our office does not treat patients according to their insurance coverage but rather by their dental needs. Our utmost concern is you!

5. In the event a personal check does not clear the bank, an overdraft fee of \$35.00 will be charged for reprocessing. Any collection costs will be the patient's responsibility.
6. In the event of bad weather and in the interest of safety, our office may close. Please call our office if you have a scheduled appointment on such a day to confirm that we are in. We will do our best to reach you and reschedule your appointment to a time most convenient for you.
7. If we have not addressed a concern that you may have, please let us know. We appreciate your cooperation and look forward to a wonderful long-term relationship and meeting your dental needs.

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I have read, understand, and agree to the office policies of Daniel J. King, D.M.D.

Date: _____

Printed name of patient: _____

Signature: _____