

Phoenix Dental Center

1950 W. Indian School Rd., #6

Phoenix, AZ 85015

Office Policies

New Patients:

Welcome to our office, one of the finest and advanced environments for health care. Our primary purpose is to serve you and your family, providing for your dental health needs in a considerate and caring fashion.

Office Hours:

These hours are subject to change. Please check with front desk.

Monday: 9:00am – 6:00pm

Tuesday: 12:30pm – 6:00pm

Wednesday: 12:30pm – 6:00pm

Thursday: 9:00am – 6:00pm

Friday: 9:00am – 6:00pm

Payments:

Payment is expected the day of service rendered. In the event of default of payment and any balance not covered by insurance that is over 60 days past due, your account will be turned over to a collection agency. You will pay all reasonable court cost, attorney fees and up to 100% of collection fees incurred.

Insurance:

If you have insurance, we will gladly process your forms; however we request that you pay your estimated portion when services are rendered: Please remember that our contract is with you and not your insurance carrier. We are happy to bill your insurance as a courtesy to you. We are not responsible for billing your insurance. We allow 60 days from the date of service for payment from insurance companies. After this period, we ask that you become responsible for payment of any unpaid balance.

Canceled or Missed Appointments:

We reserve the right to charge \$50.00 for appointments cancelled or broken without 24 hours advanced notice.

Children:

We ask that parents please manage your children while in the waiting area. We do understand that children may not have patience to wait, however please respect the other people around you. Parents or Guardians must stay in waiting area while their children are in the back seeing the dentist.

For your Protection:

This office has the most modern equipment, uses the latest in the up to date techniques and above all, follows OSHA guidelines in advance sterilization the technology for both Doctor and Patient's protection.

Name:

Signature:

Date: