

**Advanced Dental Concepts  
3916 Auburn Rd. Suite 100  
Auburn Hills, MI, 48326**

We welcome you as a patient and appreciate the opportunity to provide you with the best care that is available.

Thank you for choosing us as your dental care provider. We make it our mission to provide our clients with the highest quality dental care, while maintaining excellence in professional service and integrity.

**APPOINTMENTS:**

Unless notified at least 48 hours in advance, our policy is to charge for missed appointments a fee of \$75. If your appointment is with the Doctor, the fee will be \$150. Cancellations that are left on the answering machine must also be 48 hours in advance. This courtesy allows us to appoint patients who are waiting for appointments.

**PAYMENT METHODS:**

Full payment is expected at the time services are rendered. We accept cash, checks, Visa, MasterCard, and Discover. Also, there is an interest free payment plan if you qualify. A \$35 fee will be assessed for any returned checks.

**MINOR PATIENTS:**

A parent or guardian must accompany minor patients. Unaccompanied minors may be denied treatment unless prior arrangements have been made.

**INSURANCE:**

We accept assignment of insurance benefits providing all paperwork and necessary information is completed. However, we do require that the deductibles and co-payments be paid at the time of the service. Your insurance policy is a contract between you, your employer, and the insurance company. **We do everything possible to ensure coverage as estimated by your insurance but in the event your insurance company rejects a service rendered or does not pay what is estimated, you are responsible for any fees that your insurance company excludes.** We allow 45 days grace period for all insurance claim payments to arrive. If no payments have been made by them, the balance is transferred to you. All balances are due upon receipt and are subject to a one time billing charge of \$15 if the account becomes 60 days overdue.

I have read the office policy, understand and agree with it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,

Gregory Okoniewski, DDS