



dental center of lakewood

6316 gaston avenue, dallas tx 75214
214.823.jake (5253)

Welcome to our office! Thank you for choosing us for your dental care needs. Our goal is to help you maintain your dental health, while providing excellent customer service.

OFFICE HOURS:

Dr. Spillman

Monday, Wednesday and Thursday 8:00am-5:00pm

Dr. Green

Tuesday 8:00am-2:00pm and Friday 8:00am-2:00pm

INSURANCE, FEES, CARECREDIT, AND BILLING

Your insurance policy is a contract between you and your insurance company.

Although our doctors may be contracted with your insurance company, our relationship is with you-not the insurance company. As your dental provider, we will file your claim for you. Your insurance carrier may not approve or reimburse your dental services due to usual and customary rates, benefit exclusions, coverage limits, and lack of authorization or dental necessity. We try to give our best **ESTIMATE** based on the information we have given by your plan. It is **NEVER** a guarantee of payment. We will not become involved in disputes between you and your insurance carrier. **Any remaining balance after insurance sends payment is solely the responsibility of the policy holder/patient.** We do not file secondary dental insurance. We do not offer in-house financing. We use CareCredit to offer extended payment options, which are interest free for 12 months for qualified applicants on amounts of \$200.00 or more.

MISSED OR RESCHEDULED APPOINTMENTS WITHOUT PROPER NOTICE:

Our office does everything possible to remain on schedule. If you are more than 15 minutes late, we may need to reschedule your appointment to another day or time. **We require 24 hours notice when changing, rescheduling, or canceling an appointment. Failure to abide by this policy will result in a charge of \$50.00 per hour per appointment.** This charge will be applied to your account and must be paid before any other appointments can be made. Because we understand that emergencies can happen, the implementation of this fee will be evaluated on a case-by-case basis.

Signature: _____ Date: _____