OFFICE POLICY

Dear Patients,

Thank you for choosing Sunrise Dental as your family dental provider. We look forward to providing you high quality dental care at an affordable price.

When scheduling your appointments, we are making a commitment to you. Please remember that we have reserved a special time for you. If you find a need to reschedule your appointment, we ask for a minimum of 48 hours notice. Failed appointments and cancelled appointments without 48 hours notice are subject to an $85.00 fee.

Checks returned for insufficient funds are subject to a $35.00 fee. This fee is enforced to cover our bank charges. Please let us know if special arrangements must be made.

Patient portion is always due at time of service. Please bring your co-payment with you.

We bill your insurance as a courtesy to you. If any amounts are denied or not covered, the balance owing is your responsibility. Your estimated patient portion for services is based upon the information provided by your insurance company and is expected on the day treatment is rendered.

Thank you again for your understanding and care with helping to keep our facilities safe and clean, as well as helping us provide you with the best possible dental care.

Patient Signature: _____ Date: _____