East Peoria Dental Group

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(309)699-5521

Patient Name: ______________________ * ______________________ * ____ ______________________
Last First MI Preferred Name

At East Peoria Dental Group, we are proud to be a privately owned dental practice with a well-trained staff and cutting-edge technology. Our goal is to build long-term relationships, while creating a custom and personal lifetime plan for your health and smile. Our dentists and their experienced, professional team are genuinely interested in you, and are committed to taking the time to get to know you, including discussing your concerns, expectations and fears. We want to become a trusted partner in your care and enable you to make excellent choices for your individual needs and desires.

The policies below are meant to help us provide the best care to the most patients possible.

OPERATORIES

During all adult treatment, children and other family members are not permitted in the operatories. This is for the safety and comfort of all patients and staff members. Children in the waiting room must have an adult present with them at all times. So that you can relax during your appointments, we suggest making babysitting arrangements for home care for children. For adult diagnostic treatment planning visits, we welcome you to bring an adult family member or friend to assist in your treatment planning process.

In order to have our full focus on the pediatric patient in the chair, we do not permit any family members including children with the patient in the operatories. Children typically do better when they can focus on the treatment from our team without distraction. We understand this can cause stress for some parents. As a result, parents are allowed to participate in the exam portion of the visit, if they desire. Please make us aware at check in if you would like called back to your child's operatory room for the exam.

To ensure a safe, respectful, and private environment for everyone, our practice prohibits the use of any recording devices. Audio and video recording are strictly forbidden by patients and visitors in all clinical and reception areas. This policy helps us protect the confidential health information and privacy rights of our patients and staff. We appreciate your partnership in maintaining a secure environment.

☐ * **By checking this box, I acknowledge that I have read this statement and agree to the office policy.**

INSURANCE

A patient's insurance is a contract between the patient and the insurance company. This means it is the patient's obligation to read and understand their insurance benefits. As a courtesy, we submit claims to most employer provided insurance policies. We are not in network or contracted with most insurance companies including Delta Dental and Medicare. As a result, your out-of-pocket cost may be more in our office than an insurance contracted dental office. Delta Dental and Medicare policies require payment in full at the time of service. An insurance form will be provided for Medicare patients to submit for any possible reimbursement.

The most recent insurance card and state id (required to utilize insurance) must be presented one week prior to the appointment to allow time for insurance verification. Insurance must be presented and active prior to the start of the appointment in order to be utilized for the visit. Please verify with your insurance all required paperwork is completed and received by your insurance. This includes insurance verification information required by your insurance plan.

Failure to have insurance in effect, for any reason, prior to the start of the visit will result in complete payment due from the patient.

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X-RAYS

It is the patient or guardian's responsibility to acquire x-rays from any other office you have visited including but not limited to oral surgeon, orthodontist, VA, previous office, etc. In order to give the patient comprehensive care, a diagnostic full mouth set of x-rays is required every 5 years. A diagnostic bitewing set of x-rays are required every 12 months to update the full set of x-rays. A comprehensive exam with a periochart is required once every 12 months.

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PAYMENT

Payment is expected on the day of service. For large treatment, we collect the estimated co-amount prior to scheduling the treatment.

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HOURS

Our office is available Monday - Thursday from 8 AM to 5 PM.

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APPOINTMENTS

Patients are provided with automated email, text message, and phone call reminders (unless they have opted out) for all scheduled appointments. Appointments are in high demand. We always recommend scheduling your next visit prior to leaving your current appointment. We do actively utilize a short call list for appointments. At East Peoria Dental Group, we highly value your time and are committed to delivering top-quality, dental care services in a timely manner.

Patients are required to call to reschedule an appointment if the patient in the last 48 hours have had a sore throat, excessive fatigue, fever, runny nose, cough, mouth or lip sores or Gastrointestinal issues, such as nausea, vomiting, and diarrhea. We know you would never want to pass on your illness to another person. If you have any reason to believe you are unwell, please call at the onset of the symptoms so we may reschedule your appointment.

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CANCELLATIONS OR FAILED APPOINTMENTS

We understand that unexpected situations may arise, and patients may need to reschedule or cancel their appointments. To ensure that we can provide efficient care to all our patients, we have implemented a policy to monitor and manage appointment no-shows and late cancellations. Your cooperation with our cancellation policy will help us accommodate all our valued patients effectively. Should it be necessary to reschedule or cancel an appointment, we kindly request advanced notice, no less than two business days prior to the scheduled appointment, during our regular business hours, Monday - Thursday 8 AM to 5 PM.

A patient is allowed one instance of a no-show or late cancellation before incurring a cancellation fee of $50 for each additional occurrence. Cancellation fees must be paid before scheduling future appointments. This fee cannot be billed to the insurance company and is the patient's direct responsibility.

The practice has the right to dismiss a patient with three occurrences. We appreciate your understanding and cooperation in ensuring that we can provide timely and efficient care to all of our patients.

Your appointment is scheduled to allow for enough time to provide the best service for you. Patients who arrive for their appointments more than 10 minutes late may be rescheduled or the treatment reduced to fit the time. If the patient must be rescheduled due to lateness, this will count as a same day cancellation.

☐ ***By checking this box, I acknowledge that I have read this statement and agree to the office policy.**

We have provided quality dental care for the entire family for over 25 years. We are, and always will be, a local business focused on quality and building relationships.

I acknowledge that I have read this statement and agree to the contents. By typing my name below, this will serve as my electronic signature. *

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Response Date: __________