

Barry C. Reynolds, DMD

Welcome to Our Practice!

The best dental care is based on friendly and mutual communication between team members of our practice, Dr. Reynolds, and our family of patients. As our goal is to provide superior service for all our patients we ask your understanding in the following features of our practice. We thank you in advance.

Appointments

All visits in our office are by appointment only. As we strive to see each patient at their reserved time, patients arriving late may be asked to reschedule as a courtesy to the proceeding patient. In the event an appointment must be rescheduled, please give our office as much notice as possible. We do require at least 48 hours notice for appointments under 2 hours of reserved time, and a one week notice for appointments over 2 hours. Short notice cancellations hinder us from providing care to others in need and delay the completion of your treatment. Please honor time commitments with us as Dr. Reynolds will honor time commitments with you.

Investment / Commitment

Our goal is to provide you with optimal dental care regardless of insurance coverage. At the onset of each visit, patients should be prepared to pay in full or for those with dental insurance their deductible and estimated co-payment (unless arrangements have been made with our financial coordinator). Insurance questions and financial questions are best addressed at the time the appointment is being scheduled, not after treatment has been initiated. We allow 45 days for insurance to cover its portion of treatment fees. After this time, the balance becomes the immediate responsibility of the patient. We are a third party to your insurance company and file claims as a courtesy to our patients. Patient follow-up is important if notice of benefits (an EOB) has not been received within 30 days of treatment. In the unlikely event that your account become delinquent and is referred to our outside collection agency the account will be assessed an additional 30% of the overdue balance to cover legal fees.

Consent

Dr. Reynolds will diagnose and explain the care you need. When you reserve treatment time in our office, you are acknowledging that you desire this care. Our staff and financial coordinator are prepared to discuss fees and treatment recommendations with you. We will strive to offer as much information as you require to understand your clinical needs and financial obligations.

I consent to the taking of photographs, models giving of information which may be necessary to record the particular facts of my case along with the examination required to gain information. I am aware that x-rays and other studies may be needed to satisfy the requirements of Dr. Reynolds' diagnosis. No guarantee of assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective re-treatment, or worsening in my present condition despite the provided care, realizing that any lack of same could result in a less than optimum result.

Signature _____

Date _____