



Marna Mae Torre Longakit, DMD
Family Care Dentistry

WELCOME TO OUR PRACTICE

We would like to welcome you to our office, and thank you for selecting us to help you with your overall dental health needs. It is only through mutual understanding and communication that most effective and long lasting relationship can be attained. We are here to serve you in a comfortable and professional atmosphere. Please review our practice policy to become more familiar with our philosophy and procedures.

APPOINTMENT TIME

Extended well-planned appointment usually means fewer trips to the office. With the patients best interest in mind, **we require 2 business days for any cancellation** of the scheduled confirmed scheduled appointment time. Otherwise, there will a **\$75.00 charge** for a missed, re-scheduled or cancelled appointment less than the amount of time specified. Business are open Tuesday-Friday from 8:30 am to 6:00pm.

FEES AND PAYMENT

In an effort to keep costs down while maintaining a high level of professional care, **payment in full is required at time of service**. For your convenience we have several payment options available:

1. Cash or Check (for fee less than \$100.00
- 2.. Visa or MasterCard
3. 0% interest free financing on approved credit

Please be advised that a 14% interest APR will be charged for unpaid balance after 30 days. As of 01.01.2014 there will be a 3% charge for any major credit cards or debit cards used. Returned checks by your bank will be charged \$55.00 fee.

INSURANCE

As a courtesy to you we will help you process all your insurance claims. If payment from your insurance company is not received within 60 days from the time of service, you are responsible to pay your balance in full.

All fees quoted are estimates only, and you are responsible to pay for all charges not paid by your insurance and or make a follow up with your insurance for payment.

STERILIZATION

We are an active leader in providing a safe dental environment to our patients, WE FULLY COMPLY with ALL OSHA and government regulations and guidelines to help ensure our protection. ALL our instruments are wrapped, heat and vapor sterilized after used. Appropriate infection control procedures in our practice are of the highest in dentistry.

Patient/Parent Signature _____
(Parent/Guardian signature is required for ages under 18 yrs old)

Date: _____

If you have any question or concerns regarding our policy, Please do not hesitate to speak with our financial coordinator and we will be glad to review any information with you.