

**PRACTICE POLICIES**  
**GARY SQUYRES D.D.S., P.A.**  
**FAMILY & COSMETIC DENTISTRY**

We are committed to providing you with the best possible care. If you have dental insurance, we are eager to help you receive your maximum available benefits. In order to achieve these goals, we need your assistance, and understanding of our payment policy. Payment for service is due when services are rendered. We will be happy to process your insurance claim.

- There will be a \$30.00 service charge levied on all return checks. Returned checks and balances older than 30 days will be subject to additional collection fees and interest charges of 1 ½ % per month.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

- Your insurance is a contract between you, your employer and the insurance company; we are not a party to that contract.
- Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) or U.C.R., which is defined as Usual, Customary, and reasonable fees for this region. Thus, our fees are considered usual, customary, and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of the area.
- Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain service they will not cover.

**IT IS THE PATIENTS RESPONSIBILITY TO ADVISE THIS OFFICE OF ANY CHANGES REGARDING INSURANCE CARRIERS. WE WILL NOT BE RESPONSIBLE FOR FILING PAST CLAIMS TO NEW INSURANCE COMPANIES.**

We must emphasize that as dental health provides, our relationship is with you, not your insurance company. While the filing of the insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. If you have any questions about the above information or have any uncertainty regarding insurance coverage, please ask us. We are here to help you.

- There will be a \$30.00 services charge per patient for request of copying x-rays and documents.

**NO SHOW/CANCELLATIONS**

It is the policy of this practice that the patients give 48 hours notice for cancellations. This will give the staff and other patients the opportunity to be treated at that time. When a patient does not show or cancel an appointment within 48 hours, other patients are denied an appointment. If you cannot make your appointment, the office policy is:

1. There is a \$50.00 charge per hour scheduled if you cancel less than 24 hours before your scheduled appointment.
2. You will be charged \$50.00 per hour scheduled if you "no show" or do not call to cancel. \*\*\*\*\*As a courtesy to our patient, we do try to confirm all appointment in advance. This courtesy is not always possible and in no way defers the responsibility of keeping the appointment. You are responsible for keeping your appointment\*\*\*\*\*
3. Please call or email to confirm appointment with us prior to appointment day. You can call after business hours and leave a voice message. Our email address is [info@magnoliasmiles.com](mailto:info@magnoliasmiles.com) to confirm or reschedule appointments.

**I HAVE READ AND UNDERSTAND THE POLICIES OF DR.SQUYRES DENTAL PRACTICE**

Patient/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_