



"Dentistry For
The Entire Family"

John H. Reid, D.M.D., P.S.C.
1156 Lexington Road, Suite B
Georgetown, KY 40324

Welcome To Our Office

We are glad you have chosen our dental office to meet your dental needs. To ensure ease in completing your visit today, the following are guidelines on how our office works.

We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental treatment care needed to enjoy a healthy and confident smile with respect to your budget.

FINANCIAL GUIDELINES

1. Patients must pay at the time of service. Be sure to have cash, check, or credit card (Visa, MasterCard, Discover, American Express) available for payment.
2. Please inform us as soon as possible of any insurance, telephone, or address changes.
3. All **deductibles** and **copays** are due at the time of service.
4. Broken appointments *without 24 hours notice* may be subject to a \$30.00 charge.

DENTAL INSURANCE

We are happy to file the forms necessary to see that you receive the full benefits of your coverage; however, *we cannot guarantee* any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy. If for some reason your insurance has not paid their portion within 90 days from the start of your treatment, *you are responsible for payment* at that time.

It is our privilege to serve you and to provide you with the best possible care.

DATE

PATIENT OR RESPONSIBLE PARTY