

Mack Endodontics D.D.S., P.C.  
704 W. Brookhaven Circle  
Memphis, TN 38117

### OFFICE POLICY

The best dental care is based on a friendly mutual understanding among staff, doctor, and patient. The doctor desire to provide superior service to our entire family of patients. In order to do this we ask for your help on these areas. Thank you and welcome!

### APPOINTMENTS

- We strive to see patients at their reserved time. However, we are a medical facility and occasionally circumstances arise that require us to spend more time with a patient. We will give you the same care and understanding.
- Patients arriving 15 minutes late may be asked to reschedule as a courtesy to the following patients.
- Short notice cancellations hinder us from providing care to others and delay you from obtaining the care that you need.
- If you do find that you must reschedule, please give our office as much notice as possible. We do require at least 24 hours notice for appointments under 2 hours and 48 hours for longer appointments.
- Please call the office and leave a message if you have to call after the business hours to reschedule or cancel an appointment.
- Please honor time commitments with us to avoid a broken appointment charge of \$35.00

### INVESTMENT

- Our mission 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 insurance, their deductible and estimated co-payment. Financial questions should be addressed prior to start of treatment.
- To our patients with insurance:
  - We allow 45 days for insurance to cover its portion and our office DOES NOT guarantee payment by your insurance company.
  - If your insurance claim is denied, or it is not paid as estimated, the balance becomes the patient's responsibility.
- Accounts referred to our outside collection agency will be assessed an additional amount of 35% of the overdue balance.
- In the event any type of collection procedures become necessary, you will be responsible for any collection, legal or attorney fees incurred for you or, if applicable, your dependents.
- This office accepts Cash, Visa, MasterCard, Discover, or CareCredit as methods of payments.

I HAVE READ THIS OFFICE POLICY AND FULLY UNDERSTAND IT AND AGREE TO ABIDE BY THE TERMS STATED FOR MYSELF AND FOR MY DEPENDENTS, IF APPLICABLE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED LEGAL NAME: \_\_\_\_\_