Sterling Dental Care Office Policy

We believe the best dental health experiences are based on a friendly, mutual understanding between the dental team and our patients. Please feel free to discuss with us any questions you may have about our services.

Appointment times are reserved for you with enough time allotted to provide the best possible dental experience. Although an effort is made to confirm all appointments by telephone, please do not depend on our ability to reach you. If you are unable to keep an appointment with our office, please give us 24 hours notice in order to avoid a cancellation fee.

Payment is required for all services rendered at the time of visit unless prior arrangements have been made with our financial coordinator. If your account is not paid in full within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges and other expenses incurred in collecting your account.

In the course of dental diagnosis and treatment the Doctor may prescribe some medications including antibiotics, pain medications, or other drugs. While our team will make an effort to confirm and update your medical history and medications, it is your responsibility to inform us of any changes to your health history or medications and to confirm with your pharmacist or physician the safety of drug recommendations. Additionally, women should be aware that antibiotics may decrease the effectiveness of some birth control methods and should check with their physician for recommendations for alternate pregnancy prevention methods during the course of antibiotic treatment.

- I authorize the staff to perform any necessary services needed during diagnosis and treatment.

- I also authorize the provider to release any information required to process insurance claims.

- I understand the above information and that it is my responsibility to inform this office of any changes to my health history or medications.

_____   _____
Signature   Date

_____
Printed Name