



Goldstein Dental Group Office Policies

Your insurance policy is between you and your insurance company. It is your responsibility to know your individual coverage. Failure to understand your coverage may result in the patient/guarantor being responsible for all costs incurred. Goldstein Dental Group will bill your insurance company as a courtesy for you with the information that you provide. Lack of accurate information may result in the patient/guarantor being responsible for payment. If we are contracted with your insurance company you will generally be responsible for the office visit copays and or any deductible if applicable. **Copays are collected at the time of service.**

Goldstein Dental Group requires a 48 business hour notice to cancel or reschedule an appointment. Failure to provide notice within those 48 business hours may result in a minimum fee of \$60.00 being charged.

Please understand that we are a dental office and we may need to see patients on an emergency basis. This may delay the doctor's schedule. We do our best to keep you informed of any delays.

I have read and understood the above written information.

Signature: _____

Patient name (if minor): _____

Today's date: _____