



ManiDental Family Practice

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MANIDENTAL FAMILY PRACTICE OFFICE POLICIES

Thank you for choosing us as your dental provider! We are happy to help you get the smile you want and provide your oral health needs.

Below is a list of our office policies. These are to ensure that everyone is treated fairly and that your needs are provided for in a timely manner.

1. **INSURANCE:** At ManiDental Family Practice, we will gladly help you by filing your dental insurance claims. Insurance is ultimately a contract between you and the insurance company. You are responsible for providing us with the correct information to file your claim. Some companies change benefits at the beginning of the calendar year. You may be notified of these changes by mail or by your employer. Please show us any new cards or information you receive so we may help you get all the benefits that you are entitled to.

ManiDental Family Practice is an out-of-network provider. This means that you are responsible for paying the amount due at the time of service. We will file your insurance claim, and you will be reimbursed for services rendered in accordance with your dental insurance plan.

If your insurance does not pay 100% of the amount due, you will be responsible for any balance remaining.

2. **PAYMENT:** Payment, including co-payments for insurance, is due at the time of service. You may pay for your services by cash, check, or credit card.
3. **EMERGENCY SERVICES:** Our office is open Monday – Friday from 7:30 am until 3:30 pm. Please call during regular business hours if you have an emergency and we will have you come to the office at the earliest possible appointment. If you have an emergency after hours, please call or text the emergency line at 336-488-2626. This phone is checked regularly on weekends and after hours until 7 pm. If you call after 7 pm and cannot wait until the next business day, we recommend you visit your nearest Urgent Care or Emergency Department at your local hospital.
4. **Appointment Deposit:** We require a 25% non-refundable deposit on all procedures to hold your appointment in our calendar. This deposit will be applied against the balance due on your bill at the completion of your appointment or held for your next appointment.
5. **CANCELLATION POLICY / NO SHOW POLICY:** We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” schedule. If an appointment is not cancelled at least 24 hours in advance you will be charged a \$50.00 fee. This will NOT be covered by your insurance company.
6. **SCHEDULED APPOINTMENTS:** We understand that delays can happen. If you arrive 15 minutes past your scheduled appointment time, we may have to reschedule the appointment. Our goal is to see you on time every time!

Name of Patient: _____ Date: _____

Patient/Guardian Signature: _____