SUNRISE DENTAL
www.sunrisedental.com

# Office Policy

Sunrise Dental

Dear Patients,

Thank you for choosing Sunrise Dental as your family dental provider. We look forward to providing you high quality dental care at an affordable price.

When scheduling your appointments, we are making a commitment to you. Please remember that we have reserved a special time for you. If you find a need to reschedule your appointment, we ask for a minimum of 48 hour notice. Failed appointments and canceled appointment without 48 hours are subject to an $85.00 fee.

Checks returned for insufficient funds are subject to a $35.00 fee. This fee is enforced to cover our bank charges. Please let us know if special arrangements must be made.

Patient portion is due at time of services. Please bring your co-payment with you.

We bill your insurance as a courtesy to you. If any amounts are denied or not covered, the balance owing is your responsibility. Your estimated patient portion for services is based upon the information provided by your insurance company, and is expected on the day treatment is rendered. Please ask for an estimated, if one has already been given to you.

I declare that I am not a recipient of the state assisted insurance, including but not limited to, Washington Department of Health Services. If I am, I am fully aware that the office will not bill WDHS nor are they provider for WDHS.

**Patient acknowledges in consideration for dental services to be rendered any outstanding debt to our office will not be included in any bankruptcy petition.**

Thank you again for your understanding and care with helping to keep our facilities safe and clean and helping us provides you with the best possible dental care.

Patient Signature: _____