Stoneybrook Dental

Dr. Wendi Wardlaw, DDS

15506 W. Stoneybrook Parkway, Suite 126, Winter Garden, FL 34787
Phone: 407.877.0141 | **Fax:** 407.877.1633 | **Email:** dentistry@drwendiw.com

OFFICE POLICY

*** Please take note of the following ***

A. INSURANCE

1. Many insurance companies change their policies annually. Please carefully read your policy and ask questions if you have them. _____***Initial***

2. As a courtesy to our patients, we will submit a pre-determination to your insurance. Please be advised that although the insurance approves the procedures, it is **NOT** a guarantee of benefits. At the initial visit, we will provide an estimated breakdown. _____***Initial***

3. Insurance companies require that we have both your phone number and address in our records. _____***Initial***

4. If you have any questions concerning your financial obligations for your procedure, please ask and get clarity before your appointment time. _____***initial***

B. PATIENT OF RECORD GUIDELINES

1. The Office will call two days before your appointment **as a courtesy**. Please call back to **confirm** your appointment. We will leave a message, if there is no answer. If you call after hours, please leave a message confirming your appointment. If you do not call within **24 hours** of your appointment to cancel, there will be a **$40** no show/broken appointment fee charged to your account. Without substantiated reason for the missed appointment or last minute cancellation, the fee will not be waived. _____***Initial***

2. If a double-booked appointment (many family members) is broken or cancelled without notice or emergency, they will not be rescheduled together unless approved by Dr. Wendi and each patient will be charged the **$40** no show/broken appointment fee. ***Initial***

3. When entering the Operatory Treatment Rooms, please turn off your cell phone. ____***Initial***

4. We will charge your account **$40** for **returned checks**. If you have a check that is returned to us, we will **NO LONGER** accept checks from you as a form of payment in the future. The only acceptable payment methods will be cash or credit card. _____***Initial***

5. While being treated for multiple appointment procedures, a patient must cancel or schedule in a timely manner or the patient will be responsible for any additional lab fees and new impressions needed due to the lapse in time between appointments. Please understand, teeth do shift. _____***Initial***

6. We will need two contact numbers and will only call the workplace **IF** we are granted permission. Your initials here will be the consent. _____***Initial***

PLEASE SIGN:_____ **DATE:**_____