

1. All payments are due at time of treatment, unless prior arrangements are made. If you have dental insurance, we require your estimated portion at the time of service.
2. All patients are responsible for the entire amount of charge incurred at this office, regardless of their insurance status.
3. If for any reason your account falls over 90 days delinquent, all collections fees incurred by Nielson Family Dentistry will be billed to your account.
4. Children are not allowed in the treatment rooms and are to be supervised by an adult in the waiting room. If neither can be achieved, we will be glad to find our next available time that will suit you.
5. Please turn off your cell phone in the treatment rooms.
6. A scheduled appointment is time that has been reserved specifically for you, and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24-hour notice to avoid a \$50 / hour cancellation fee (emergencies are an exception).
7. As a courtesy to you, this office will make every attempt to confirm your appointment a few days in advance, but it is your responsibility to make your appointments.
8. All new patients must arrive 15 minutes early to fill out required paperwork, or only partial treatment can be rendered that day.
9. All patients will be required to complete a yearly health update and a general information update every two years.
10. All radiographs (x-rays) taken at this office remain the property of Nielson Family Dentistry in accordance with Kansas State Law. If you wish to have any radiographs duplicated for any reason, you will be charged a duplication fee and any postage due if mailed from our office.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

____/____/_____
DATE