Office Policies

Appointment Confirmations
Patients will receive appointment reminders by text, e-mail, and phone. We kindly ask for a response to confirm your appointment. If we do not receive confirmation at least 48 hours before your scheduled time, our office reserves the right to reschedule you.

Cancellations/ Missed Appointments
Our practice requires a minimum of two business days' notice prior to your scheduled appointment time. Late notice cancellations or missed *hygiene* appointments will result in a fee of $45. Late notice cancellations or missed *treatment* appointments will result in a fee equivalent to 20% of the appointment. Please contact our office by phone to reschedule or cancel, and if you are unable to reach us, kindly leave us a voicemail. We understand that unforeseen circumstances may arise, and we will do our best to accommodate your schedule.

Insurance
Our office will bill your insurance as a courtesy, and we will do everything we can to ensure you receive the maximum benefits you are entitled to by your policy. If payment has not been received by your insurance company after 90 days, the balance will be the patient's responsibility. Any changes to your dental plan must be shared with the staff of Bend Dental Wellness in advance.

Billing Statements
Billing statements including but not limited to an EOB, statement balance, and account credit will be shared to the email address provided. Our office does not send physical statements. It is your responsibility to update your billing address, e-mail address, and phone number to effectively receive the information. In regards to an account balance, our office staff will make three attempts to notify you to reconcile your account. Failure to contact us will result in an outstanding balance and further action may be taken.

I, _____, have read and fully understand the above office policies for Bend Dental Wellness. By signing below I agree to comply with these policies to continue care and treatment by Bend Dental Wellness.

Patient/Guardian Signature: _____ Date: _____/_____/_____