

NORTH SEATTLE DENTAL

Christopher Pickel, DDS, PS
Leah D. Worstman, DDS, PLLC

PATIENT: _____

Dental Insurance:

As a courtesy service, our practice accepts most dental insurance plans including indemnity (traditional) and PPO "out-of-network". The fees charged for services rendered to those who are insured are the usual and customary fees charged to all patients for similar services. Your policy may base allowances on a fixed fee schedule, which may or may not coincide with our fees. We will provide you with an estimate based on our examination and any additional requests you have. The insurance estimate is provided as a courtesy based on the limited information we have about your insurance. If additional unforeseen treatment is required as treatment progresses, you will be consulted before it is completed. You may ask for a revised estimate at that time. **Your estimated patient portion is due in full at the time of service.** Please keep in mind that if your insurance carrier pays less than the estimated amount, you are responsible for the unpaid balance.

Non-insured patients:

We will provide you with an estimate based on our examination and any additional requests you have. **Payment is due in full the day of service** unless other arrangements have been made prior to the treatment date.

Payment:

For your convenience, we accept cash, check, Visa and Mastercard. We also extend a 7% senior discount for our 65+ patients when payment in full is made the time of service.

Additional Products:

Additional products may be recommended as part of your treatment and can be purchased from our office. These items must be paid for at the time of dispensing. Products may include: Clinpro 5000 Toothpaste, Prevident, Periomed, Peridex, CariFree and bleaching gel. Nitrous oxide is available at \$45 per hour.

Missed and cancelled appointments:

Your appointment is a time specifically reserved for you. We offer flexible hours and strive to accommodate your schedule so you can receive treatment as conveniently as possible. If you foresee a conflict, we require 48 hours notice to reschedule your appointment. This is necessary so that we may see other patients that require emergency treatment or urgent care. **A fee of \$75 per hour will be charged for a broken appointment without 48 hours notice.** It is your responsibility to keep your appointments and we will assist you in any way we can to help you receive the highest standard of dental care.

Patient Signature _____ **Date** _____