



Office Policies PLEASE READ

Welcome to the office of Welch Dental Group. We are pleased that you have chosen our office to provide dental care to you and your family. Our mission is to provide you with the best dental care possible. In order to make your visit and all future visits with us as pleasant as possible, we would like to take this opportunity to share some information with you.

1. As a courtesy, we will attempt to notify you, usually two-days prior to your appointment, of the date and time of your appointment. **Please make sure that we have current contact information.**

2. Since patients are seen by appointment, please kindly notify us prior to 24 hours of your tentative appointment if you will be unable to keep the appointment. This will allow our staff to offer this time to another patient.

Established patients: Failure to CONFIRM your appointment prior to 24-hours of your appointment time will result in the appointment being cancelled and offered to another patient, if the appointment is for routine cleaning. If you confirm your restorative or hygiene appointment and do not show up, there will be a charge to your account of \$50.00.

3. If your child is under the age of 18, of driving age and will be attending the appointment by himself/herself, please be aware that we will need to obtain an authorization from the parent/guardian prior to starting any treatment. **This will require the parent/guardian to attend the initial and possibly subsequent appointments with the child.** Any future visits requiring other than routine care will also require an authorization from the parent/guardian. This authorization must be signed by the parent/guardian before the treatment can be started. If your child comes to an appointment for other than routine care and an authorization for that procedure is not on file, we will ask that your child's appointment be rescheduled. This is done to ensure that you as a parent/guardian are completely informed regarding your child's treatment.

4. Our office is a non-billing office and payment is required at check-out on the day of your visit. Our office does not accept checks as a form of payment.

5. Our office should be notified AS SOON AS POSSIBLE of any changes in insurance, home address, home telephone number and/or work telephone number, and e-mail address. It is extremely important that you notify us at least 2 business days prior to your appointment and any subsequent appointments of any changes in your dental insurance. As a convenience and courtesy to our patients, we accept assignment of benefits. However, in order to do so, we must have ample time to gather certain information from your insurance carrier. Failure to provide this information in a timely manner may prohibit us from utilizing your benefits. Should this occur, we will be happy to file your insurance on your behalf so that you may be reimbursed by the insurance carrier for any benefits available to you.

6. If you have EVER been diagnosed with any of the following: artificial heart valves, history of infective endocarditis, congenital heart conditions, or artificial joints or implants you will be asked to pre-medicate with an antibiotic prior to your appointment unless you bring a release from your physician stating it is not necessary. You will NOT be seen for your appointment otherwise. This is done solely for the safety of you.

7. All patients will incur an asepsis fee (infection control) at each visit. We recommend that you contact your insurance company (if applicable) regarding your financial responsibility for this fee. Payment is due at the time of your visit.

YOU WILL NEED YOUR INSURANCE CARD AND PHOTO ID AT YOUR FIRST VISIT. WE APPRECIATE YOU AS A PATIENT AND LOOK FORWARD TO SEEING YOU SOON!

Thank You,

Welch Dental Group

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