

OFFICE POLICIES

General:

- ★ Office hours are 8:00 am to 5:00 pm Monday through Friday. Saturdays and Sundays by appointment only.
- ★ Patients are seen by appointment only.
- ★ New Patient paperwork must be completed PRIOR to the First Consult appointment. Please make an effort to arrive 15 to 30 mins early for your appointment to take care of any paperwork needed.

Medications

- ★ Patient must bring a list of all his or her medications, including prescribed, over-the-counter, herbal or natural medications to EACH visit.

Fees

- ★ Payment for services is the sole responsibility of the patient and/or guardian.
- ★ Payment is required at the time of service PRIOR to be passed back into the operatory.

Insurance

- ★ Dr. Cordido is not a network provider with any of the insurance companies for Medical nor Dental treatment. The offices does not accept assignment of benefits. Payment in full is required by the time of service. Patient specific treatment plans will dictate the estimated timelines of procedures and financial obligations.
- ★ Patient can request billing statement of completed treatment and copies of their Progress Notes when the patient decides to file his or her insurance seeking reimbursement.
- ★ Our office will not file or handle any insurance claim.

No Shows or Cancellations

- ★ We will make every attempt to place a reminder call for patient's appointments (either in person or through automated generated call or SMS service). However, whether or not a confirmation is obtained, the patient is still responsible for remembering his or her appointment day and time.
- ★ Scheduled appointment times are reserved especially for you. We understand that life happens, and sometimes there is a need to cancel or reschedule an appointment. Please let us know as soon as possible the need to change your appointment.
- ★ Repeated "no shows" and/or cancellations of appointments could result in dismissal as a patient.

Consent for Treatment

- ★ We will explain, to the best of our ability, the treatment plan options for your case. These options are tailored to your case. You will receive a general consent form related to your treatment plan as well as one specific consent form for each appointment for the specific procedure to be performed on each visit.
- ★ We will answer to the best of our ability all your questions pertaining to your treatment plan.
- ★ The practice of Prosthodontics is not an exact science. Therefore no guarantees can be made as to the results of the case or the longevity of a dental device.

Patient Name: _____ DOB: ____/____/____
Last First Middle

Signature: _____ Date: _____

If other than the patient, indicate relationship: parent or legal guardian _____