



DENTAL DESIGN SD

TMJ • Advanced Dentistry • Sleep Apnea

Dear Guest,

We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs!

As a courtesy to you, we will file and submit all insurance claims on your behalf. We request that you pay your estimated co-payment at the time of service. Estimated insurance benefits are subject to actual payment by your insurance carrier. If there are any remaining balances after 90 days, you are solely responsible for them.

If you are ever unable to make an appointment you have scheduled with us, please notify us at least 24 hours in advance. If necessary, we would be glad to reschedule the appointment at a more convenient time.

If however an appointment is missed and/ or cancelled with out a 24 hour notice, we reserve the right to charge you a \$50.00 fee.

Thank you for your consideration!

Patient's Signature

Date

Print Name