



Dean J. Kokinias, D.D.S.

## Office Protocols

We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs. We are committed to providing you with the highest quality dental care and look forward to seeing you on a regular basis.

**OFFICE HOURS** Our standard business hours are Monday through Friday 8:00 a.m. – 5:00p.m.  
Alternating Saturdays 8:00 a.m. – 1:00 p.m., closed Wednesday.

### **CANCELLATION AND NO-SHOW POLICY**

Office hours are by appointment and we respect your time. Appointment time is reserved for you alone. We work very hard to accommodate the needs of all our patients. Therefore, when you make an appointment, please be sure that you will be able to keep it. If you must cancel or reschedule an appointment, please notify the office during regular business hours at least 24 hours prior to your appointment time. Messages left after business hours for next day appointments will be considered broken. There will be a minimum charge of \$50 plus \$25 additional for each half hour after first 60 minutes for a broken appointment or cancellation with less than 24 hours' notice of your appointment time. Of course, we understand that emergencies can occur, and we will take those into consideration. We can answer any questions you may have about our appointment cancellation and no-show policy.

### **PAYMENT**

Payment for treatment is required at the time of service. If you have insurance benefits, as a courtesy to you, we will submit the insurance claims for you based on the information you provide us. Your deductible and any copayment amount are due at the time of service. Insurance is not always a guarantee of payment and you are ultimately responsible for payment of your account. In the event your account becomes past due and is turned over to collection, you will be responsible for all cost of collections, including collection agency fees, attorney fees and court costs not to exceed 50%. Financing is available through CareCredit. Please ask our receptionist for more information.

### **PATIENT COMMUNICATION**

We may call your home, cell or other designated location and leave a message on voice mail or with any person who answers, send emails or text messages regarding any items that assist the practice in carrying out treatment, payment and other operations, such as appointment reminders, insurance items and any call pertaining to your dental care, including treatment planning.

**I understand the policies of this office.**

\_\_\_\_\_  
Patient Signature (parent if minor)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Staff \_\_\_\_\_