



Olive Tree Dental

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WELCOME TO OUR PRACTICE

We would like to welcome you to Olive Tree Dental, and thank you for selecting our office to help you with your overall dental health needs. It is only through mutual understanding and communication that most effective and long lasting relationship can be attained. We are here to serve you in a comfortable and professional atmosphere. Please, review our practice policy to become more familiar with our philosophy and procedures.

APPOINTMENT TIME

Extended well planned appointment usually means fewer trips to the office. With the patients best interest in mind we **require 2 business days for cancellation** on a confirmed scheduled appointment. Otherwise, we **impose a \$50.00** fee for any missed, re-scheduled or last minute cancelled appointment. You will be asked for your debit or credit card to impose the fee.

FEES AND PAYMENT

In an effort to keep the costs down while maintaining a high level of professional care, payment in full is required at time of service. For your convenience, we have **several available payment option: 1. Cash, 2. Visa or MasterCard, 3. 0% interest free financing** (by a third party) on approved credit.

Returned checks by your bank will have a \$55.00 charge.

INSURANCE

As a courtesy, we will help you process all your insurance claims. If payment/s is not received within 60 days at time of service, you are responsible to settle and pay for your balance/s and make a follow-up with your insurance for reimbursement.

RELEASE OF DENTAL RECORDS

We require a written request letter or form filled and signed before we can release any of your dental records, HIPPA requirements. A \$25.00 administrative fee is imposed. Any and all balances should be paid and cleared by you.

STERILIZATION

We are an active leader in providing a safe dental environment to our patients. **WE FULLY COMPLY** with ALL OSHA and government regulations and guidelines to help ensure our protection. ALL instruments are bagged, heat and vapor sterilized after each use. Appropriate infection control procedures in our practice are of the highest in dentistry.

Patient/Parent Signature: _____ Date: _____

(Parent/ Guardian signature is required for ages under 18 years old)

If you have any question/s or concerns regarding our policy, please do not hesitate to speak with our financial coordinator and we will gladly review any information with you.