

Olympic Dental of Sugar Land  
14881 SW Freeway  
Sugar Land, TX 77478  
(281) 240-2545

Greg K. Gor, D.D.S.,

## Welcome to Olympic Dental of Sugar Land

Dear Esteemed Patient,

We are very happy to welcome you to our practice and proud that you chose us to care for your dental needs. We will strive to make each and every visit a satisfying experience. For us to be successful in this endeavor we must ask for your cooperation and understanding in not only supplying us with correct information, but with our office policies as well. We hope that the following information is helpful in guiding you through your years as a part of Olympic Dental of Sugar Land. We ask that you keep in mind this letter in no way constitutes a contract between the patient and Olympic Dental, but serves as an outline for some of our most important policies that must be followed to keep our office open and available to our patients.

### **Appointments:**

We accept patients by appointment only. As a courtesy, appointments are usually confirmed via phone call, e-mail and/or text message. We caution you not to rely on a confirmation from our office to remember your appointments as you are still responsible for arriving on time or for canceling when you are unable to make your appointments. Failure to arrive or give a 24 hour notice for a cancelled appointment will cause the patient to incur a charge of \$25.00 for administrative fees. These fees are subject to change at any time without written notice. We ask that you call to schedule your appointment during regular business hours. Anyone calling after hours may leave this information on the office mailbox and your call will be returned the next business day. Late arrivals may be asked to reschedule.

### **Collection of Pertinent Data:**

We must collect certain information from patients in order to file their insurance while other information is collected as office policy. This information is protected by the HIPPA regulations and when destroyed, it is done so in a secure manner. Some of this information gathered is to help ensure your privacy and keep your insurance safe from forgery.

### **Insurance:**

While we make every effort to verify a patient's insurance coverage, the patient needs to understand that verification is never a guarantee of payment. It is the responsibility of the patient to know their policy, what it covers and when they may be responsible for non-covered services. Should the insurance company fail to make payment for any number of reasons, the amount owed will then be billed to the patient and due payable upon receipt.

We must receive the correct insurance information for that day of service before the start of dental services. Changes may and should be called to our verification desk in advance of your appointment. This will help avoid any delay or problems with verification, which in turn could delay your appointment time. Claims will be filed to the primary insurance only and we will supply the necessary documents for the patient to file the secondary insurance if applicable. If the patient fails to supply the correct information before the start of dental treatment then the patient will be responsible for payment at that time and there will be no allowance for insurance adjustments.

**Billing and Collections:**

Once a payment is determined to be the responsibility of the patient, you will receive your first billing, which is due upon receipt. Should you be unable to make payment at that time we ask that you call our business office at 281-240-2545 in order for us to document the situation and to discuss when payment should be expected. If there is no contact made or no payment is received by our office, a second notice will be issued, then if necessary a third and final notice. If the final notice goes unheeded then the account will be turned over to our collections agency and due process will begin.

Once again we want to thank you for allowing us to take care of your dental needs and look forward to a long and fruitful relationship. We encourage you to ask questions if there is any matter that is unclear. We appreciate your understanding and cooperation of our policies and procedures that are in place to help keep our office running smoothly and efficiently for you, our patient.

Sincerely,

Dr. Gor and the staff of Olympic Dental of Sugar Land

**Please note: We reserve the right to refuse service to any person that may choose not to follow our office policies and procedures.**

**By signing below I agree and understand the terms listed above.**

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

A copy of this form can be provided upon request.