

# **Hometown Dental Care PLLC**

## **Office Policy**

(Please sign, date, and bring this form with you to your first appointment)

### **\*\*WELCOME\*\***

Dr. Arezou Daneshvar graduated from West Virginia University in 2004. After graduation, she gained valuable experience working in various private practices and several free dental clinics serving underserved patients. In July 2017, Dr. Daneshvar opened her own practice, Hometown Dental Care.

### **\*\*MISSION STATEMENT\*\***

Our mission is to deliver exceptional dental care that surpasses our patients' expectations. We are dedicated to promoting community health and providing cutting-edge services, information, and knowledge to help our patients achieve and maintain optimal dental health. Your treatment will be personalized to meet your unique dental needs.

### **\*\*APPOINTMENTS\*\***

Appointments are scheduled at times convenient for each patient. Appointment confirmations are provided as a courtesy but are not guaranteed. Please notify the office of any changes to your insurance or contact information prior to your scheduled appointment.

### **\*\*CANCELLATIONS\*\***

At Hometown Dental Care, we value your time and ours. To ensure uninterrupted care for all patients, we avoid overbooking appointments unless there is a dental emergency. If you are 15 minutes or more late for your appointment, we may need to reschedule to avoid affecting subsequent patients. We require at least **\*\*48 hours' notice\*\*** for cancellations. A missed appointment or late cancellation may incur a **\*\*\$50 fee\*\***.

**\*\*FINANCIAL POLICY\*\***

All payments, including insurance deductibles and copays, are due at the time of service. For your convenience, we accept cash, checks, debit, and credit cards. Returned checks will be subject to a **\*\*\$25 fee\*\***.

If you have dental insurance, we will process your claims as a courtesy. However, all copayment estimates are not guarantees of insurance payment. We encourage patients to contact their insurance providers directly for detailed coverage information.

**\*\*EMERGENCIES\*\***

At **\*\*Hometown Dental Care\*\***, we prioritize our patients' urgent needs. We are available to address true dental emergencies during regular business hours and, on occasion, after hours. We take pride in delivering the highest standard of care for our patients.

Patient/Minor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_