# Velk Family Dentistry

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Angela K. Velk, D.D.S.

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Welcome to our office.

#### Hours:

Our office hours are Tuesday through Friday from 8:00 to 5:00. We are open early to accommodate those patients who work or commute. We will try very hard to meet all of the needs of our patients and to accommodate them. If you should have special needs, please ask us and we will do our best to work with you.

### **Appointments:**

Your appointment is prearranged. Your appointment time is reserved exclusively for you. Failure to keep your scheduled appointment or cancellation with less than a 24 hour notice will result in a \$75 surcharge per hour. A credit card on file may be required in order to hold future appointments. When you cancel appointments with reasonable notice we can better accommodate other patients.

## Payment:

Our office policy is that payment is due at the time services are rendered. By not having to bill we can keep our costs down and pass the savings on to our patients. We accept Visa, Master Card, American Express, Discover, and Care Credit (3% surcharge for 6mo. and 6% for 12mo. interest free. will apply).

### Insurance:

As a courtesy, we will be happy to bill your insurance for you. If you have dental insurance for which we are a participating provider or out of network your co-payment and/or deductible is due at the time of service. We do our best to give accurate estimates, we base our estimates off information given to us by your insurance company. Any portion not covered by your insurance becomes the patients responsibility. We are currently contracted with Delta Dental Premier.

#### **Medications:**

Prescription and refills will be considered during office hours only. This helps us keep accurate records of medicine consumption to be maintained in the patient chart for review by the State Pharmacy Review Board. This also allows us time to verify the accuracy of your prescription. Due to the State Pharmacy Regulations, refills will not be provided to any patients who have not been seen in this office for more than six months.

Again, we welcome you to our office. Please feel free to ask any of us any questions that you may have.

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Signature:	Date:	