

**Hi-Tech Family Dentistry  
19178 W. Ten Mile Road  
Southfield, MI 48075  
248-354-1555**

**Mission Statement**

To provide you with the highest quality of care with the most advanced technology in the world, all while making your visit as personalized and painless as possible.

**General**

Welcome to our office and thank you for choosing our dental practice as your dental care provider. We appreciate the confidence and trust that you have placed in us. We truly care about our patients and we want you to feel comfortable with our entire staff.

Please take a moment to review a few key policies below:

**WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, CARE CREDIT AND COMPASIONATE DENTAL FINANCE.**

**Treatment Plans**

If it is discovered that you need any dental treatment, a treatment plan with an **ESTIMATED** co-pay, will be prepared prior to the beginning of any procedures. Treatment could be altered if your dental needs change. The patient will be notified of any changes in treatment.

**Dental Insurance**

Our office will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. Few insurance companies attempt to cover all dental costs. Some pay fixed allowances for certain procedures, while others pay a percentage of the charge. Therefore, you will be expected to pay your deductible and your **ESTIMATED** co-payment on the day services are rendered unless other financial arrangements are approved. Many variables exist from carrier to carrier (i.e. deductibles, annual maximums, allowable fee limitations, non-covered procedures and other restrictions); therefore, we cannot guarantee any estimated charges. Because your insurance is an agreement between you and the insurance company, ultimately you are responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits from your insurance company. If for some reason your insurance company has not paid their estimated portion within 4 months from the start of treatment, you are responsible for payment in full at that time.

**Usual And Customary Rates**

Our practice is committed in providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Missed Appointments**

The time you reserve with us is yours and yours alone. We do not double book. In the event that you will not be able to keep your appointment, we respectfully request you to notify Dr. Morin and Dr. McGettrick at least **2 business days** prior to your scheduled appointment date. It is our policy to charge **\$75** per each hour of missed appointment time. Of course emergencies do happen –and we understand. Please help us serve you better by keeping scheduled appointments.

**Adult Patients**

Adult patients are responsible for full payment at the time of service.

**Minor Patients**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment.

**Delinquent Payments**

It is our policy to charge finance fees at 1.5% for outstanding patient balances after balance has been outstanding 30 days. In addition, all payments returned due to non-sufficient funds will be subject to a NSF fee if \$75.00

We strive to be thorough in everything we do, taking time to be the best we can be. We encourage you to call our office if you have any questions.