

**Bradley Family Dental Group Inc.
5600 W. Brown Deer Rd. Ste. G5
Brown Deer, WI 53223**

At South Shore Dental Group we accept many different insurance plans. As a courtesy to you, our practice submits your claims to your dental insurance. Not all insurance plans have the same coverage. **It is your responsibility as a patient to know what your plan covers.** While discussing your treatment plan with your provider, ask questions if you are not sure if a procedure is covered. Make sure you are aware of all services that are to be rendered. Co-pays and Deductibles are due at time services are performed. Any estimates given by a South Shore Dental employee are an **approximation**. The **insurance company** has the final say as to what you may pay.

Some common procedures that vary among insurance plans:

- Sealants
- X-rays
- White (resin) posterior (back) fillings
- Time length in between cleanings
- Sedative fillings
- Fluoride treatments
- Major services (crowns, bridges, implants, etc)

If you are unable to keep the appointment you have scheduled, please notify us at least 24 hours in advance. We make an effort to confirm your appointments; however we are not always able to do so. **There will be a charge of \$35.00 for each broken appointment or cancellations without 24 hour notice for appointments.** If our staff is successful in filling your appointment time with another patient, there will not be a broken appointment charge.

Please note that any check(s) that are returned by your bank for any reason will result in a return check fee of \$20.00 plus the outstanding balance.

A signature of consent form and a \$5.00 fee is required when obtaining duplicate dental x-rays. This authorizes our office to release all relevant information, including your payment history. ** There will be an additional fee if any coupons or discounts are used during your visit(s).

Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

As a patient at South Shore Dental Group, I accept responsibility for knowing the benefits of my insurance plan. I also accept responsibility for any fees incurred from treatment rendered that my insurance plan will not cover.

I have read and understand the above information. By my signature below, I agree to these terms.

Patient Signature

Date