

Dr. Keri pope Stanley, DMD
The Pope Stanley Group, P.C.
Office Policies

1. MAKE SURE WE HAVE A WORKING PHONE NUMBER
Our office will call to remind you of your appointments. We will call if we have any sudden schedule changes. Please be sure that we have a working number listed for you.
2. CORRECT ADDRESS
We will mail out cards to remind you of your cleaning appointment.
3. 24 HOUR NOTICE
Please give a 24 hour notice if you cannot make your appointment.
4. PLEASE DO NOT MISS YOUR FIRST APPOINTMENT
New patient exams require lengthy appointments. A broken new patient exam WILL NOT be rescheduled.
5. PLEASE DO NOT EXCESSIVELY MISS APPOINTMENTS
Patients with multiple broken appointments will not be rescheduled.
6. BE ON TIME
If you are late we may have to reappoint you to avoid disrupting another person's appointment.
7. WE HAVE LIMITED SEATING
Therefore please do not bring multiple guests back to the treatment rooms with the patient. If the patient is a small child or has special needs, concessions will be made.
8. Each patient that is a legal minor is required to have a parent/legal guardian present throughout their appointment. Treatment plans can change and we may need to consult with the child's parent/legal guardian.
9. Any patient that cannot be safely treated will be referred for treatment at a specialist's office.
10. Any treatment that is beyond the scope of this practice will be referred to a specialist's office.
11. Crowns, Bridges, Partials and Dentures have to be placed in the patient's mouth in a timely manner to avoid fit problems. If you do not return for the delivery of your crown, bridge, partial or denture, you are still responsible for any charges because that prosthetic was made specifically for you!
12. AFTER HOURS EMERGENCIES
If you have a dental emergency and it is after our regular office hours, please call our telephone number and leave a message. A member of our staff will return your call as soon as possible. Note that pain medications CANNOT be called in.
13. TREATMENT PLANS
Written treatment plans will be provided upon request for extensive treatment. These show the treatment prescribed by Dr. Stanley, the estimated amount to be paid by the patient and the amount estimated to be paid by the patient's insurance company.
14. PAYMENT
Your deductible and copay/charges are due the day that service is rendered (JUST LIKE ANY OTHER BUSINESS ☺). Bills will be mailed for any outstanding balances. We reserve the right to collect any money owed via a collection company or small claims court.
15. We file primary and secondary insurance as a courtesy. We will print the claim to allow patients to file on any third insurance policies they may have.
16. THIS IS A PRIVATELY OWNED BUSINESS WE RESERVE THE RIGHT TO REFUSE TREATMENT
17. PATIENT IS RESPONSIBLE FOR ANY AND ALL LEGAL FEES CONCURRED IF WE HAVE A COLLECTION PROBLEM

I have read and fully understand the above policies

Patient's Name: _____

Parent/Guardian's Name _____

Date: _____