

**Paducah Dental Care**  
**William E. Walden, D.M.D.**  
**Scott Bridges, D.M.D.**  
**5154 Village Square Drive, Paducah, Ky. 42001**  
**(270) 444-6414**

**Policies**

The team at Paducah Dental Care pledges to deliver you quality, courteous care in a clean and comfortable atmosphere. Our team will offer efficient and experienced service, always listening to you and being respectful of your time that you spend with us. We promise that we will always present you with exceptional dental care. We are your home for professional dental excellence.

**Appointments**

It is necessary that we work by appointments. Unfortunately, emergencies do occur that occasionally cause delays in our schedule. However, we will try our best to honor your appointment time. Please, in turn, remember that the time we appointed for you is exclusively for you. Any changes in your schedule will affect ours as well. We do require two-business days notice for any appointment changes.

**Financial**

In the interest of better understanding, we believe financial arrangements must be completely understood and agreed upon before treatment is begun. Your treatment will be explained to you and you will be given an estimate of the fees.

Your dental treatment fees can be handled in one of the following ways. You may pay cash, check or use the convenience of your Visa, MasterCard, American Express or Discover. **We do expect payment for services as they are rendered.** If you feel you will not be able to pay the balance due by you as each service, is rendered, you will need to discuss the advantages of using our Family Health Plan which will afford you small minimum monthly payments. Please feel free to discuss any of the above payment policies with our Financial Coordinator if you have any questions. Insurance deductibles, co-pays, and fees or portions of fees not covered by dental insurance are also due when services are rendered and are payable in the same fashion as stated above.

**Dental Insurance**

As a convenience to you, our office will submit charges for services to your insurance carrier, **but we consider the patient responsible for the account.** In other words, the service provided by any dentist amounts to an agreement between the patient and this office. The insurance relationship constitutes an agreement between the carrier and the patient.

It will be helpful to us for you to bring any information regarding your dental insurance plan with you to keep in your patient record for reference. This will enable our business staff to better assist you in estimating the percentages payable by your particular dental plan. If there is a question about your account or insurance, please call. Many times a phone call will prevent a misunderstanding.

**If your insurance company has not paid within 45 days of the date the form was filed, the full amount of the claim will be your responsibility.** It will then be your responsibility to contact your insurance carrier concerning the outstanding claims, We will be happy to receive your calls concerning questions about your insurance, and we can tell you what claims have been received, for what amount, what claims are outstanding, and when the claims were sent. You should then take any questions to the insurance carrier.

**Should you have any questions** about our practice policies, please feel free to discuss them with our business staff. We thank you for the confidence you have placed in us. We are complemented that you have chosen us. You may rest assured that we will do everything in our power to make your visits to our office as pleasant as possible.

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Patient Signature (Parent's Signature if patient is a minor)

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Date