

Atlanta Periodontal Group
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1640 Phoenix Blvd., Suite 180
Atlanta, GA 30349

WELCOME

We would like to take this opportunity to welcome you to our office. We hope to build a lasting relationship with our patients and we believe that communication is key to our success, therefore, please feel free to share any questions or concerns you may have.

APPOINTMENTS

We strive to stay on time at ALL times. Unfortunately unforeseen emergencies or delays may put us behind. We ask that you please be on time for appointments to help eliminate preventable delays. Please understand that we schedule a large block of time for most treatment appointments which are specifically for each patient, so please select a time that is best for your visits. We request a **48 HOUR NOTICE IF YOU CANNOT KEEP YOUR APPOINTMENT (1 WEEK FOR SURGERY APPOINTMENTS). A CANCELLATION FEE OF \$125 will be charged to your account if proper notice is not given.** If you have three broken appointments without 48 hour notice, we ask you please seek care with a Periodontist who can better accommodate your scheduling requirements.

INSURANCE

As a courtesy to you, we will submit your insurance claims to your benefits provider. Dental benefits are not meant to determine your dental care but are to assist you in the payment of your treatment. Although we are not responsible for determining what your particular benefits are, we will do our best to see that you receive your full benefits. Because your insurance policy is a contract between you and your insurance company, any disputes must be settled by you and your employee benefits office. Any claims not paid by your insurance carrier after 90 days must be paid by the insured. We recommend the filing of a pre-treatment estimate to determine what your estimated portion prior to treatment visit.

YOUR ACCOUNT

Payment is expected as services are rendered. We accept CASH, CHECKS, and major credit/debit cards (VISA, MASTERCARD, American Express, Discover). *Note \$35 charge on any returned checks.*

THANK YOU

The information above is not all inclusive, but should serve as a guide to our important office policies. Our mission is to provide optimal periodontal care in a relaxed and comfortable environment.

Signature _____ Date: _____