

Craig R. Cameron, DDS, PLC
Family Dentistry
12374 Stafford Street, PO Box 204
Ravenna, MI 49451-0204
231-853-6618
Website: www.craigcamerondds.com

WELCOME TO OUR OFFICE

We appreciate the confidence you have shown in our office by scheduling a new patient exam and evaluation. Our purpose is to provide the highest quality dental care available. Good communication is essential for the best treatment results and we welcome any questions or comments you may have regarding your treatment.

OFFICE HOURS

Our office hours are Tuesdays, Wednesdays, and Thursdays 8:00 a.m. to 5:00 p.m., and Fridays 8:00 a.m. to 12:00 noon. In addition, for your convenience, our business office is open Monday mornings from 9:00 a.m. to 12:00 noon.

SPECIAL SERVICES

Please ask any staff member about the exciting special dental services we are able to offer our patients.

APPOINTMENTS

Our business office can assist you with your scheduling concerns. It is our goal to be on time for your scheduled appointment. We schedule exclusive time periods for you, rather than double scheduling patients to avoid openings from missed appointments. Because we extend this courtesy to you, we expect that if you need to change your appointment, please give us at least 24 hours notice, preferably more, so that we can try to accommodate patients who need that time.

MISSED APPOINTMENTS

No charge will be made for rescheduling an appointment provided 24 hours notice is given. Otherwise, a charge of \$30.00 per missed appointment will be incurred. Once an appointment has been made, please remember this time has been reserved specifically for you.

INSURANCE PAYMENTS

As a service to you, we will be glad to send out claims to your insurance company and we will work hard to help you receive the benefits entitled you. With the help of our computers we are better able to estimate what your portion of the fees will be. Because of the variances in the way insurance companies classify treatment and differences in the way employers set up insurance benefits, the amount we estimate could be greater or less than what we expect. You are ultimately responsible for any balance that your insurance company does not pay. Please keep us updated with any changes in your employment or insurance benefits so we can better serve you.

Understanding that some treatment plans are extensive, our office can offer you the service of sending a predetermination request to your insurance company, prior to treatment, so that you can know what your insurance company will pay towards your treatment. Please let us know if you would like us to provide this service for you.

FINANCIAL OPTIONS

Your portion of the balance is expected at the time of service. A 5% cash courtesy is available (if you do not have insurance to bill) to those who pay their balance on or before the day of treatment – 10% ortho. To make it easier for you, the use of cash, check, VISA or Mastercard are available methods of payment. By paying at the time of service, we are able to work more efficiently and keep costs down. Accounts 60 days or more past due will be charged at a Monthly Periodic Rate of 1.5% (corresponding APR of 18%).

FORMS

Enclosed you will find our health history, registration and HIPPA forms. A Signature on File card is included if you have insurance.

Please feel free to call us with any questions. Thank you for choosing Dr. Cameron for your dental care. We are pleased to have you as part of our dental family.

Sincerely,

Craig R. Cameron, DDS and Staff