

Jarod Oliver, D.D.S  
Celeste Oliver, D.D.S., D.H.Sc  
14801 San Pedro | SAN ANTONIO TX, 78232 | (210) 495-5437

### General Office Policies

Thank you for choosing our dental family. Our primary mission is to deliver the best and most comprehensive dental and orthodontic care available. Jarod Oliver, D.D.S./Celeste Oliver, D.D.S., D.H.Sc. complies with federal laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Jarod Oliver, D.D.S./Celeste Oliver, D.D.S., D.H.Sc. will provide free aids/services to people with disabilities to communicate effectively with us and free language services to people whose primary language is not English.

For all records transfers please request a transfer form from the front desk.

**Any patient under the age of 18 must be accompanied by a parent/guardian for the duration of the appointment unless prior written consent has been given.**

### Financial Policy

An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Payment Options:** You can choose from...

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- Convenient Payment Plans from CareCredit allow you to pay over 6mo. NO INTEREST<sup>1</sup>
- Automatic monthly payments are available for orthodontic treatment plans.

**Please note and initial the following:**

Dr. Oliver requires payment prior to the completion of your treatment and/or the day of your appointment. If you choose to discontinue care before treatment is complete, any refund will be determined upon review of your case.

**Payment in full is required from the guardian/responsible party who is present with the patient on the day of the appointment unless prior arrangement has been made with our office.**

We may accept payment in thirds for treatments with a patient portion due over \$500. For some treatment plans a deposit is required to secure your initial treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>2</sup> *The patient portion due after estimated insurance is due at the time of treatment unless prior arrangements have been made.*

**A fee of \$30 is charged for patients who miss or cancel without 24-hour notice. A fee of \$50 may be applied at peak/holiday times.** Appointments not confirmed by a responsible party at least 24 hours before the reserved time may be cancelled at the office's discretion. Multiple missed appointments will result in dismissal from the practice.

**Jarod Oliver, D.D.S./Celeste Oliver D.D.S., D.H.Sc. charges \$40.00 for returned checks.**

**Finance Charges may be applied to Orthodontic or Dental accounts after a 10 day grace period for any missed or postponed payments after initial financial arrangements have been made.**

If you have any questions, please do not hesitate to ask. We are here to help you get the smile you deserve.

### Authorization for Signature on File

#### Authorization of Payment

I, hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the office of **Jarod Oliver DDS and/or Celeste Oliver DDS DHSc**. I understand that I will be asked to sign this for with my electronic signature with the submission of my New Patient forms online. I also understand this form is available for me to review/sign manually in the office.

<sup>1</sup>Subject to credit approval – No Interest if paid within the promotional period. Otherwise interest assessed from purchase date. Minimum monthly payments required. Minimum purchase applies.

<sup>2</sup>However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.