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**Welcome to our office!** We're pleased that you have chosen us to provide your dental health care. Please take a moment to review this information regarding our office policies.

### **Method of Payment**

In addition to accepting most major dental insurance carriers, we are also a network provider for Delta Dental, Cigna and Blue Cross Blue Shield of Tennessee. We gladly file claims with your dental plan for services we provide. Since there are a variety of insurance plans, we will use information provided by you to estimate your portion of the payment for services. It is your responsibility to keep us informed of any changes to your insurance coverage. We ask that you pay your estimated portion at the time the service is rendered. Please be aware that regardless of the amount your insurance pays, the balance of the account is your responsibility. We are glad to accept cash, check and VISA/MASTERCARD/DISCOVER/AMEX. In addition, financing is available through the CARE CREDIT company and our financial coordinator will be glad to provide you with more information about this at your request. Unfortunately, failure to keep your account current may result in our being unable to provide additional dental services.

### **Broken Appointments**

The time scheduled for your appointment is reserved especially for you. If you find it necessary to reschedule or cancel an appointment, please provide us at least 24 hours notice. If less than a 24-hour notice is given, this will be considered a broken appointment and a \$40 fee will be assessed to your account. After the 3rd broken appointment, we reserve the right to no longer schedule appointment times for you. Please understand that appointment times are valuable for all involved so please help us never have to apply this policy. Thanks in advance for your cooperation.

\*As an extra service to you, we will call, text or e-mail you to confirm your appointment a few days prior to your appointment. Please provide numerous ways to reach you. It is recommended that you have your appointment time and date written down, just in case we have difficulty contacting you.

### **Change of Address/Medical History**

Please help us provide the very best care by keeping us informed of any changes in your address or medical condition. Also please keep us up-to-date regarding any medications you may be taking.

### **Answering Machine/Emails**

An answering machine and e-mail service is provided for your convenience in contacting our office. We will check messages periodically throughout the day. \*Phone messages left on the emergency after hour contact number will be typically checked around 9:00pm each evening.

### **Final Note**

The goal of our practice is to give our patients the best possible care and service. Please excuse any delays. We will give you the same careful attention during your appointment.

Thanks for your confidence in us. We welcome all suggestions and would greatly appreciate the referral of your family and friends.

I have read and understand these policies and procedure.

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Signature

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Date