Daniel A. Nickles, D.M.D
864.244.3211
1330 N. Pleasantburg Dr.
Greenville, SC 29607
Fax 864.244.7777

Office Policies

We want to thank you for choosing our office for your dental needs. We reserve your appointments especially for you and we greatly appreciate your compliance to our office policies

Appointments – Hygiene: $75 for any missed hygiene appointment
Restorative: Half the treatment amount for any missed dental appointment.

Cancellation Policy: We require **48**-hours (2 business days - Mon – Thur, 8 AM to 5 PM) notice for cancellations/rescheduling to avoid appointment charges.

Treatment estimates: Insurance quotes are ONLY an ESTIMATE, it is NOT A GUARANTEE of payment. The Patient is responsible for all remaining portion not covered by insurance.

Payment guidelines: Payment is due in full at the time of service.
As a courtesy to you we file primary dental and medical insurance. It is your responsibility to know your insurance benefits and requirements

- Any patient that has a balance and receives a check from the insurance company must forward the check to Dr. Nickles office within three days of receiving the check. It is your responsibility to keep our Office informed of any changes in your phone number, address, insurance information, and other pertinent information.
- We except Cash, Cashier's/Certified check, money order, no personal checks over $300. All major credit cards: MC, Visa, Discover and AMX.
- We also offer financing options through CareCredit and LendingClub (ask for more information).
- For **Sedation** appointments: Treatment amount must be paid in **Full** at the Vitals appointment, (usually week prior to sedation appt), deposit required to schedule
- For any Lab case, patient portion **must be pre-paid in full** before being sent for process.
- Balances over 30 days will accrue billing charges

Financial Consent

I, the patient, (or guardian) understand that submission to treatment implies consent to the provisions of this agreement. By signing this, I accept responsibility for total payment of procedures performed in this office, including all treatment that is not covered by my dental or medical insurance.
I hereby authorize the release of any and all information necessary to process my claims, gather any necessary knowledge regarding my person from a medical or dental physician, to labs that need my information to fabricate any appliances necessary for my treatment. I understand that all labs sent out must be pre-paid before being sent for processing. I understand and assign all medical, dental and surgical benefit insurance checks including major medical to Dr. Daniel A. Nickles. I understand that failure to comply with this agreement will result in further actions and fees.
I assign all dental, medical and surgical benefits, including but not limited to major medical benefits to Dr. Daniel a Nickles. This assignment will remain in effect until revolt by me in writing. A photo copy of this agreement is also considered valid as the original. I have received a copy of this for this financial agreement. I certify that I have read, understand, and agree to this financial policy.

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Signature Date