

**Niman Shukairy, DDS, Flushing Family Dentistry**

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**Flushing Family Dentistry**  
**Niman Shukairy, DDS**

Thank you for choosing our office to meet your dental care needs. It is our optimal goal to provide you and your family with the highest quality of dental care, while maintaining a friendly and relaxing environment. In order to keep our standard of care to a level which best serves your needs, we ask you to please observe the following changes to our current office policies.

***Cancellation Policy***

There are many times that our patients require urgent or emergency treatment and therefore require an appointment as soon as possible. When patients give our office advance notice of their need to cancel a scheduled appointment, this time can then in turn be allocated to these patients in urgent need of treatment. In this way, our office can best serve the needs of ALL of our patients. Bearing this in mind, our office requires a minimum of 24 hours notice if an appointment must be canceled, 48 hours would be preferable. We do have an answering machine for your convenience so that a message may be left if an emergency comes up. Please be advised that if in the event that no notice is given and the patient does not show up for a scheduled appointment, then a \$50.00 fee will be assessed. We do our best to remind our patients of your appointments, but it is ultimately your responsibility to remember your appointment. Please note that this fee is not covered by dental insurance and is the patient's responsibility.

***Dental Benefits/Insurance***

Our office will collect your co-payment and bill your insurance using the information given to us. We are happy to do this as a courtesy to you and expect payment from your insurance company within 60 days. Normally, insurance companies will pay within 60 days. However, if we have not received payment from your insurance company after 60 days, the estimated insurance balance will become your responsibility.

***Payment Options***

To provide you with the best possible care, *we expect you to pay your co-payment at the time of service*. Please understand that payment of your bill at the time of service is part of your treatment. We work very hard to offer several options that help you afford necessary dental treatment.

- 1.) Receive a 5% bookkeeping courtesy for patient portion over \$200.00 that is paid when the appointment is made.
- 2.) We accept cash, check, or money order.
- 3.) We accept Visa, MasterCard, or Discover Card for your convenience.
- 4.) We also offer extended financing through either Care Credit.
- 5.) A late charge of \$5.00 per month will accrue on any account that is over 30 days old.
- 6.) Any account that goes over 60 days old will be referred for further collection activity and the account will be assessed a \$36.00 administrative fee.
- 7.) Any returned check will be assessed a \$30.00 return check fee to cover the bank fees that our office will accrue.

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**Comments:**

