

OFFICE POLICIES

Please take a moment to acquaint yourself with our office policies. In order to avoid misunderstandings, we strive to maintain good communication with our patients. Please feel free to address any questions you have before signing below.

INSURANCE and FINANCIAL RESPONSIBILITIES

This office processes insurances as a courtesy to our patients. Your estimated portion or co-payment is due at the time services are rendered. Please note that you are responsible for all charges incurred in this office regardless of your insurance. Also, it is your responsibility to understand your insurance company's benefits and policies, which include yearly and lifetime benefits. If for any reason your account is sent to collections, you are responsible for any and all additional collection charges. Accounts over 90 days old are subject to a minimum \$5 service charge.

24 HOUR CANCELLATION OF YOUR APPOINTMENT

This office requires a 24-hour notice for all cancellations. We reserve the right to charge a non-compliance fee for failure to show for appointments made or cancelled without 24-hour notice. The fees are \$30 for each half-hour appointment with the doctor and \$60 for a hygiene appointment. We understand that occasionally you may have an emergency or unforeseen circumstance that can not be avoided. We will base this fee on frequency and past experiences.

OUR CANCELLATION OF YOUR APPOINTMENT

Most of our patients know that we have a rather lengthy waiting list for appointments with the hygienist. In our efforts to accommodate our patients in a timely manner, we do require all new patients to be confirmed personally by phone. If you are an established patient we may cancel your appointment if we call to confirm and your number has been disconnected or if you have failed to show previously and we can not confirm your appointment personally. In these instances, it is your responsibility to call our office to confirm your appointment to prevent it from being cancelled.

GENERAL POLICIES

It is the goal of everyone in this office to maintain a high level of customer service and satisfaction to all our patients. We strive for excellent communication with all our patients and welcome your questions and concerns.

I have read and understand the above policies and agree to comply with them.

X _____

DATE: _____