

ST JOHNSBURY DENTAL ASSOCIATES, INC  
One Place Notre Dame  
St Johnsbury Vermont 05819-2222  
802-748-9357

GENERAL NOTICE/AGREEMENT

I UNDERSTAND THAT THERE IS A \$25 FEE FOR FAILED OR BROKEN APPOINTMENTS WITHOUT A 24 HOUR NOTICE AND THAT MEDICAID/ INSURANCE WILL NOT PAY THIS FEE.

I UNDERSTAND THAT IF I FAIL TO KEEP AN APPOINTMENT I MAY NOT BE RE-SCHEDULED UNTIL I PAY THE \$25 FEE FOR EACH FAILED APPOINTMENT.

IF I DO NOT HAVE A TELEPHONE, THEN IT IS MY RESPONSIBILITY TO CALL THIS OFFICE THE DAY BEFORE MY APPOINTMENT BY NOON TO CONFIRM THE APPOINTMENT OR THE APPOINTMENT WILL AUTOMATICALLY BE CANCELED AND I MAY NOT BE RE-APPOINTED.

IF ON PRIVATE INSURANCE:

I UNDERSTAND THAT DENTAL INSURANCE IS A CONTRACT BETWEEN THE PATIENT AND AN INSURANCE CARRIER AND NOT BETWEEN THE DENTIST AND THE INSURANCE CARRIER. THEREFORE PATIENTS ARE RESPONSIBLE FOR ALL UNINSURED COSTS. AS A COURTESY, STATEMENTS WILL BE SUBMITTED TO THE INSURANCE CARRIER. WE DO NOT ACCEPT MEDICAID (OR ANY OTHER STATE PAYMENT PLAN AS A SECONDARY PAYER).

ANY COSTS INCURRED AS A RESULT OF COLLECTING DELINQUENT ACCOUNTS WILL BE THE RESPONSIBILITY OF THE PATIENT.

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(Name -- signed)

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(Date)