

Sarah Krueckel D.D.S
Deborah Lyon D.D.S.

General and Family Dentistry

1133 Johnson Ave
San Luis Obispo, CA 93401
(805) 543-6050

OFFICE & FINANCIAL POLICY

The following is a statement of our office policies, which we request that you read and sign prior to any treatment.

Health History Form

In the patient's best interest, our Patient Registration and Health History Form must be completed before seeing the doctor.

Regarding Insurance

As a courtesy, we will submit claims to your insurance company. Your insurance policy is a contract between you and your insurance company. We will do our best to maximize your insurance coverage, however many times your insurance will cover their contracted amount only, therefore you may have a patient portion left after your insurance pays. This will be your responsibility.

Payment of Account

Your portion of the bill will be due at the time of service. We accept cash, checks, Visa, Master Card and Discover. We also accept Care Credit.

Failed Appointments

We require 24-hour (one business day) advance cancellation notice. If you fail to give us adequate notice or miss a scheduled appointment, you may be charged a \$50.00 fee. We appreciate your cooperation in this matter.

I have read the above *Office and Financial Policy*. I understand and agree to these terms.

SIGNATURE

DATE