

OFFICE POLICIES

PLEASE BE SURE TO READ ALL SECTIONS

MISSED APPOINTMENT POLICY - STRICTLY ENFORCED!

Be a Good Samaritan! There are other people out there who need our help as much as you do. If we have a cancellation notice from you in advance we can accommodate somebody else who is seeking our help. Please, remember that if you cancel an appointment without 24 hours notice or do not show up for your appointment, we will charge a nominal **cancellation fee of \$50**. For appointments 1 hour + we will charge a nominal **cancellation fee of \$100**.

SCHEDULING FEE

A **\$100 deposit** will be required to schedule any procedure 1 hour +. This deposit will apply towards the total cost of treatment. We will be unable to schedule until the deposit is paid.

INSURANCE INFORMATION - IMPORTANT!

Insurance companies do not guarantee coverage or payments in which they provide us. If we do not receive payment within 30 days of the date of your services, you will be billed and the balance will be due upon receipt.

FINANCIAL POLICY - Effective January 2013

Due to new government regulations, we are required to charge a 2.3% tax on **implants, crowns, dentures, and partials**.

Records transfer policy

I understand that the office has the right to charge me **\$25.00 per person** for the duplication of X-rays to transfer to the patient, another dentist or dental facility, or for insurance purposes.

Account Delinquency

In the event my account becomes delinquent, I understand that future treatment will be delayed until the balance has been paid. I also understand that if my account becomes delinquent, I shall be responsible for attorney fees collection agency fees, costs of collections, court costs and/or other expenses and fees if necessary.

I FULLY UNDERSTAND AND AGREE TO ALL TERMS STATED ABOVE.

Patient name _____

Patient signature _____ Date _____

Legal guardian name _____

Legal guardian signature _____ Date _____