OFFICE POLICIES

APPOINTMENTS

Patients shall be charge for cancellations, broken appointments and no shows if 24 hour notice is not given. A $75.00 fee for an appointment with the doctor or a $50.00 fee for an appointment with the dental hygienist will be charged to your account.

PAYMENT

PAYMENT IS EXPECTED IN FULL AT THE TIME SERVICES ARE RENDERED. ACCOUNTS CARRYING A BALANCE OVER 30 DAYS WILL BE CHARGED A 1.5% FINANCE CHARGE.

I understand that my dental insurance carrier may pay less than the actual bill for services rendered at the office and I will be responsible for such balance. I also understand that if my dental insurance carrier denies payment for services rendered at the office, I agree to be responsible for payment of all services rendered on my behalf or my dependents.

ACKNOWLEDGMENT

I acknowledge that I have read the office policies and agree that I will comply with the office policies now in effect.

Print Patient's name

Signature of patient
or Parent if minor

E-mail

Date

ADDRESS INFORMATION

Current Address | City | State | Zip Code

Home number | Work number | Cell number

DENTAL INSURANCE

Dental insurance carrier | Group number | Phone number