Medical Insurance – some medical policies may pay towards dental
Policy holder's Name ______________________________ DOB ______________________________ Relationship to patient____ Employer ___________________________ Employer's Address ____________________________________ Insurance Co __________________________________ ID#____ Group # ______________________________________

OFFICE POLICIES

Cancellation Policy We require at least **24-hour notice** for any appointment cancellation. The fee for a missed or broken weekday appointment is **$ 40.00**. We may see patients on Saturdays by appointment only. If you cannot keep it, please be courteous and let us know with at least **48- hour notice** to cancel the appointment. The fee for a missed or broken Saturday appointment is **$ 50.00**.

Patient Initals ________

Insurance Claims As a courtesy to our patients, we will submit claims for services rendered. Any portion the insurance does not pay will become patient responsibility for payment on account. If any payment is sent directly to the patient for services rendered, it is the patient's responsibility to forward the payment to our office.

PaymentsWe except all major credit cards, care credit, cash and/or checks. All payments are due on the day services are rendered. If special arrangements need to be made, please see the office manager Joyce.

Material Fact Sheet

Front office has a binder displayed with all material used in the office. I can view it at any time and ask questions.

Patient Initals ________

Patient's signature: ______________________ Date: ________________