

## **OFFICE POLICY**

### **PLEASE READ CAREFULLY AND SIGN BELOW**

#### **MISSED APPOINTMENTS**

A \$50.00 missed appointment fee will be charged to patients who fail to give a **48 Hours** notice. After 3 missed appointments the patients will be dismissed from the practice.

#### **INSURANCE**

Due to many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible.

Therefore, we urge you, as the patient to check with your insurance company. It is your responsibility to know your individual coverage (waiting period and missing tooth clause). Failure to comply with this suggestion could result in you, the patient, being responsible for all costs incurred. Please remember your insurance policy is between you and your insurance company and not between the insurance company and your dentist.

### **ALL PAYMENTS, INCLUDING DEDUCTIBLES AND CO-PAYS, ARE DUE AT THE TIME OF SERVICE.**

#### **NITROUS GAS**

There is a charge for nitrous oxide (gas), which is not covered by insurance. It is \$35.00 for the first 1/2 hour and \$15.00 for each additional 1/2 hour.

**Your signature below indicates that you have read and will comply  
with the above mentioned notices.**

Signature \_\_\_\_\_ Date \_\_\_\_\_