

Office Policies

1. WE REQUIRE 24 HOUR NOTICE FOR CANCELLATIONS

We have scheduled your appointment for you alone. We do not double book appointments. Therefore, a broken appointment fee of \$25 will be charged without a 24 hour notice. We understand that there are unforeseen circumstances such as flat tire, illness, etc. that cannot be avoided in which there would not be a charge.

2. PAYMENT IS DUE IN FULL AT THE TIME OF TREATMENT

If you have dental insurance, you will be expected to pay the estimated co-payment at the time of treatment. Full payment is required of emergency and walk-in patients before treatment is rendered.

3. NSF CHECKS

NSF checks returned to us will automatically mean a charge to the patient account of \$25. The patient will be responsible to replace the amount of the check in addition to the \$25 Non-Sufficient Funds amount.

4. WE PREPARE INSURANCE FORMS AS A COURTESY TO YOU

You are responsible for necessary insurance forms and for payment of all estimated co-payments at the time of service. Remember that payment of all fees is the responsibility of the patient or person responsible for the account.

5. INSURANCE CO-PAYMENT ARE ESTIMATES

Estimated co-payments are not guarantee of insurance payment. Depending of the actual insurance benefit, you may be responsible for the more or less of the fees.

6. LET US KNOW OF ANY INSURANCE CHANGES

7. DEFAULT IN PAYMENT

All collection fees, attorney fee, court cost and any other expenses will be paid by the undersigned if there is any default in payment of this account.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE POLICIES. I GUARANTEE PAYMENT OF ALL CHARGES INCURRED AS A PATIENT OF GEAUX SMILES.

Signature

Date