

GUIDELINES FOR NEW PATIENTS

***** Initial in the space provided on the left side of the page.*****

_____ When you schedule an appointment, this is time we have set aside just for you. We need at least 24 hour cancellation notice to have enough time to reach someone else who is waiting to take the available time.

_____ If you do not show for a scheduled appointment or call explaining the emergency that kept you from coming, you will be charged an exam fee that will not be billed to your insurance. Your account will need to be brought current before we schedule another appointment. In return if we reschedule your appointment and give you less than 24 hours notice, you will receive a credit of \$25.00 applied to your account.

_____ If your phone number is disconnected or you move and your number changes, we will be unable to confirm your appointment time. Please call us with any of these information changes. If we are unable to reach you, we may give your appointment to another patient.

_____ Sometimes we need to get in touch with you before your appointed time. We will try to reach you, but sometimes we only get your answering machine. We will leave a message asking you to call our office. If we have not spoken to you personally, we may give your appointment to another patient. By signing this guideline sheet that gives our office consent to use any or all phone numbers provided to reach you concerning appointments, account issues or insurance questions.

_____ Insurance makes life easier. We will assist you in filing your claim along with handling insurance questions from our office on your behalf, but in general, each policy is different. Your insurance contract is between you and your insurance company. At your appointment we will inform you of your estimated balance and **expect payment at the time of service**. After receiving payment from you insurance we will bill you for any remaining balance.

_____ For our patients without insurance, we ask that you pay for services on the day they are completed (we do accept VISA and MASTERCARD for those who qualify). We also offer Care Credit payment plan for patients that qualify. Any past due account will be sent to collections if account is not paid in timely manner.

_____ **For your safety and your child's safety we ask that parents and guardians remain in the waiting area.** For special need cases we will make an exception.

By signing this form you are acknowledging the above policies, and you agree to be responsible for total payment of your account.

SIGNATURE: _____ DATE: _____