

CONSENT FOR SERVICES

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICES

Payment options:

Cash	Visa	Care Credit [ask front desk about Care Credit]
Check	Discover	
Mastercard	American Express	

Patients with insurance: the patient is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of the service.

I GRANT MY PERMISSION TO YOU OR YOUR ASSIGNEE, TO TELEPHONE, ME AT HOME, CELL OR WORK TO DISCUSS MATTERS RELATED TO THIS FORM.

I HAVE READ THE ABOVE CONDITIONS OF TREATMENT AND PAYMENT OPTIONS AND AGREE TO THEIR CONTENT.

_____ Date: _____
[Signature of patient, parent or guardian]

_____ Date: _____
[signature of guarantor of payment/responsible party]

APPOINTMENT CANCELLATION POLICY

We pride ourselves in providing the time for personal attention that each of our patients deserve. We will always respect your time and make every effort to keep you from waiting. As a result, your appointment time in this office is set aside exclusively for you.

When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. This is why we have a cancellation policy in place.

We ask that if you must reschedule your appointment, that you please provide us with at least 24-hour s notice. This courtesy makes it possible to give your reserved time slot to another patient.

There is a charge of \$40 per hour for not showing up for scheduled appointments. Or failing to give a 24-hour notice of needing to reschedule or cancel.

If you have any question regarding this policy, please let our team know and we will be glad to clarify any questions you may have.

We thank you for choosing our office.

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by these terms.

Date: _____

I, _____ [print name], have received a copy of Lufkin Family Dental Appointment cancellation policy.