

## Office Policy

We have established the following policies to better serve our family of patients. If observed, these policies will allow us to provide you with the highest quality dental care while enjoying the following benefits:

- We will be able to stay on schedule and seat patients at their appointed times
- We will be able to offer appointments when you want them, even on short notice
- We can better accommodate people with busy schedules

## Cancelled/Missed Appointments

1. **I understand that I must give at least 48 hours notice if I must cancel an appointment.** This will allow us to offer the appointment time to other patients who may need it. We understand that emergencies do arise and that 48 hours may not be possible. Please do your best to inform us as soon as possible.
2. **I understand that if an appointment is missed without 48 hours prior notice, I will be charged \$45 per half hour missed for a scheduled appointment.**
3. **If a pattern of missed or cancelled appointments develops, I understand that I may be dismissed from the practice.**
4. **I understand that “Prime Time” appointments are offered as a courtesy for my convenience.** I understand that if I miss or cancel more than one “Prime Time” (before 10am, after 3pm or Saturdays) appointment without the required 48 hours notice, I will not be offered those times in the future.
5. **If I am more than 15 minutes late for an appointment it may not be possible to be seen that day and I will be charged \$45 per half hour of scheduled time.**
6. **I understand that I must leave a 50% deposit for any appointment that includes an estimated out of pocket of \$1000 or more.** Should I not honor my appointment or give less than 48 hours notice to cancel my appointment, I understand that all or part of my deposit may be used to satisfy the broken appointment fee as outlined above. When the appointment is honored, your remaining portion of the deposit will be used towards schedule treatment.

## Financial Policy

- Payment in full is due at the time of service unless arrangement are made in advance.
- We will gladly accept assignment of benefit for your insurance if:
  - a. We have **all** insurance information, such as group #, insurance address, ID #'s, birth dates, and proof of Full time student status.
  - b. The insurance company will assign benefits to us (some companies will only reimburse in-network doctors or the patient). In this case payment in full is due at time of service. For your convenience, we are happy to submit all necessary paperwork for you to be reimbursed.
- All insurance co-payments and deductibles are **estimated** and are due at time of service. Any amounts unpaid by insurance after 60 days are solely the patient’s responsibility.

Dr. Jason Petkevis, DMD LLC.

**For your convenience we gladly accept cash, check, MasterCard, Visa, Discover, Chase Health Card and Care Credit extended payment programs.**

Patient/Guarantor signature \_\_\_\_\_