

# **GENERAL PRACTICE INFORMATION**

## **INSURANCE**

Please be familiar with your dental insurance plan. Plans can vary greatly on benefits, co-payments, and deductibles. The patient is responsible for all fees that are not covered by an insurance plan. Our follow-up will be limited to one additional claim filing. If the insurance does not reimburse the provider the patient is responsible for the fees.

## **APPOINTMENTS**

Patients are seen by appointment only. Please give us the courtesy of a 24 hour notice if you need to cancel an appointment. Failure to do so could result in a broken appointment charge which must be paid before any additional appointments are scheduled.

## **DEPOSITS**

Deposits will be required for certain procedures. These appointments are considered major and take considerable time to complete. Please give us a minimum of 24 hour notice if you are unable to make your scheduled appointment. Refunds will not be given for any broken appointments without a 24 hour cancellation notice.

**PATIENT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_