Dr. George Galluzzo D.M.D
2300 NE 9th Street Unit 3
Fort Lauderdale, FL 33304
Phone: (954) 467-8138 | Fax: (954) 467-8146

Office Policy

Since appointment times are reserved exclusively for each patient we ask that you please notify our office 24 hours in advance of your scheduled appointment time if you are unable to make it. We realize that emergencies occur, but we ask for your assistance in this regard. Late arrivals cause schedule delays for those patients who arrived promptly at their appointment time. Late arrivals will be worked into the schedule if time allows or reappointed to another day. Without at least 24-hour notice of cancellation, there will be a broken appointment fee applied to your account for the time reserved for your treatment that was missed. If for any reason you decide to leave our practice we understand you have the right to request copies of your dental records/x-rays. There will be a $25 fee for a copy of your records.

Broken appointments: First missed appointment - will be noted. Second missed appointment - $50 fee. Third missed appointment - FULL appointment fee will be charged to the patient.

Dental Insurance

Your insurance is a contract between you, your employer, and your insurance carrier. We are not a party to that contract ``Usual and customary rates" is an insurance company term for benefits allowed in your plan. Our practice is committed to providing the best treatment possible for patients. Our fees are sometimes slightly higher than the usual and customary rates that are arbitrarily set by insurance companies. You are responsible for payment regardless of any insurance company's determination of usual and customary rates and/or payment or non-payment. It is your responsibility to submit your insurance information to us before initiation of your treatment. Any questions about insurance should be discussed with our office manager before treatments begin. Your signature on this policy authorizes the release of any information necessary to process dental insurance.

Method of Payment

Our fees are slightly higher than the insurance company's usual and customary rates. Fees not covered by the insurance will be charged to the patient to fulfill balance. If the total payment exceeds the treatment fee, a refund will be mailed immediately for the balance. For patients without insurance, payment is due and payable in its entirety at the time services are rendered. If additional visits are required in your treatment plan, your options are payment in full on your initial visit or payment as each stage of your treatment is accomplished. We accept cash, money order, check, or Visa or Mastercard/Amex/Discover. A $35 fee will be assessed on all returned checks. This office reserves the right to charge interest or late fees on unpaid balances.

Preferred Method of Payment

Cash	Check	Credit/Debit	ITEX	Insurance	CareCredit

Agreement

As a patient or legal guardian of a minor, I agree to be present for treatment and to pay for all services rendered in accordance with the terms and conditions set forth in this financial policy. In the event that my account becomes delinquent and is turned over for collections, I understand that my account will be assessed a fee of 30% of the balance. I will be responsible for all collection fees, attorney fees, and court costs.

Date: **Signature:**

New Patients Needing Dental Records Transferred

If you would like to have your dental records transferred from your previous office to ours please provide the name of the practice as well as contact information below and sign/date to authorize to have ALL records including x-rays email to us at Office@DrGalluzzo.com or fax to 954-467-8146

Previous office: Phone Number:

Patient Name: DOB: Signature: