

OFFICE POLICY AND CONSENT FORM

Welcome to German Village Dental Group. The following are practice guidelines established to ensure the best possible experience for each patient in this practice. We appreciate your consideration of these policies.

Appointments

Please be on time for your reserved appointment. In order to honor other existing appointments, we reserve the right to reschedule (and charge the missed appointment fee) any patient who arrives more than 10 minutes late for his/her scheduled appointment time. If you are a new patient to the practice, please arrive at least 15 minutes prior to your scheduled appointment time to complete paperwork.

No Shows

We request that, if possible, you provide our office with at least 2(two) business days' notice prior to the cancellation of an appointment. We understand that at certain times emergency type situations may arise precluding you from providing appropriate notice. However, if a patient misses three or more appointments without providing an appropriate notification, we reserve the right to discharge that patient from this practice. Also, we reserve the right to charge a \$75.00 fee for failure to show, or late show, for an appointment without canceling-excluding emergency type situations.

Payment for Office Visits

Fees for service at our office will be requested at the time of your visit. Additionally, we reserve the right to charge a \$35.00 fee for any returned checks.

Insurance

Please present proper insurance cards at each appointment. We reserve the right to cancel an appointment if proper insurance cards are not supplied at the appointment.

We will file your claim for you at no charge; however, we ask that your deductibles and your estimated portions be paid as services are rendered. Although we gladly file dental insurance claims, all account balances are ultimately your responsibility.

Please note for your convenience, we do accept VISA, MasterCard, Discover, American Express as well as checks and cash.

If a balance does accrue, a 1.5% finance charge will be assessed monthly on all overdue balances (over 90 days). I understand that if I am delinquent on my obligation to pay German Village Dental Group, then I will be responsible for any late fees, interest charges,

court costs, attorney fees, and collection charges should the balance not be paid in due diligence.

CONSENT:

I have read and understand all the above information. The undersigned hereby authorizes the

Doctor to perform those diagnostic and treatment procedures, including local anesthesia deemed necessary. If I ever have any change in my health or change in my medication, I will inform the Doctor at the next appointment. For insured patients, my signature below authorizes assignment of insurance benefits to the Doctor and authorizes the release of dental records to my insurance company.