

Cancellation/ Missed Appt Policy

Our treatment room and staff will be reserved for you at your scheduled appointment time. As a courtesy to you, our office will call the day before your appointment to remind you. However, it is ultimately your responsibility to remember your appointment time.

If you are unable to keep your appointment, please let us know at least 24 hours in advance so that another patient may use the time which had been reserved for you. There is a \$50.00 fee for every half-hour of a missed appointment without 24 hours notice.

Financial Policy

We are a Fee-For-Service office. We will be happy to submit all claims to your dental insurance carrier, however you are responsible for the amount not covered by your plan and all co-pays. Please be prepared to pay all co-pays at the time of service.

For extensive services, such as crowns, bridges, partials or dentures, our policy dictates that half of your co-pay is paid at the prep appointment and the remaining balance is paid at the second appointment.

Insurance Information

Insurance company: _____ Phone # _____
Member ID # _____
Patient or responsible party SS # _____
Birth date: _____
Group # _____

Assignment and Release

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr Mary Jo Sandberg all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature: _____

Relationship: _____ Date: _____