

LARRY LEE CHABOT, D.D.S.

Brassfield Office Park ♦ Madison Building
3201 Brassfield Road, Suite 100
Greensboro, NC 27410

FINANCIAL POLICY

Payment in full, less insurance is expected at time of service unless prior arrangements have been made.

As a courtesy, we are happy to bill your insurance company. However, you are ultimately responsible for any amounts not covered by insurance. We try our best to estimate what your insurance will pay for procedures but actual payments received from the companies may be higher or lower than estimated. Please remember that insurance is a benefit and not a guarantee for dental work.

A service charge of 1.5% per month will be charged on all unpaid balances exceeding 30 days. In the event that your account must be sent to collections for non-payment, you will also be responsible for all cost of collections, court fees and attorney fees. **A \$25 service fee will be added to your account for all returned checks.**

APPOINTMENT CANCELLATION POLICY

We strive to have timely appointments available to patients that need to be seen quickly. Therefore, **we need to know as soon as possible if you will be unable to keep your appointment** so that we may offer that time to someone who has an immediate need. Missed appointments not only create an inconvenience to us and other patients, but also put a financial burden on our practice when we keep staff and other resources available for appointments that are not kept. Interruptions in scheduled treatment can, ultimately affect your treatment options and outcome as well. As a courtesy to you, a confirmation call is made.

There will be a \$50/per hour fee assessed for an appointment cancelled with less than 24 hour notice.

Certainly emergencies arise and we do not wish to penalize patients for unavoidable situations. However, we do want to discourage repeated abuse of our scheduling process, which is ultimately unfair to those patients who are diligent about keeping their appointments.

I have read and understand the above information regarding the office policies and agree to the terms.

Sign _____ **Date** _____