



Welcome to the dental office of Dr. Erin Moore Seale and Dr. Collin Seale. We're glad you're here! Please carefully read and sign the following policies and releases. We are happy to answer any questions that you may have about this paperwork.

Appointment Policy

Our team is committed to providing the highest quality dental care and services for our patients. Dental procedures require appointment specific preparation and planning. This includes appropriate staffing, treatment room availability, and material preparation at specific times during our work day. We reserve specific time blocks in an attempt to meet patient schedules and the urgency of the dental need. If you have made an appointment with us, we have reserved the time *exclusively* for you and we have prepared in advance for your visit. Please be advised of the following requirements:

- We require 48 hours notice for cancellation of a scheduled appointment.
- A cancellation fee of \$36 will be assessed for missed or cancelled appointments with less than 24 hours notice. Appointments longer than 60 minutes may result in a higher fee.
- After two missed or cancelled appointments without 24 hours notice, we reserve the right to require a deposit in order to reserve any future appointments.

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Office Policies

It is the patient's responsibility to pay all fees at the time of service. Patients with insurance are responsible for payment of services rendered and also for paying any co-payment and deductible that insurance does not cover. Co-payment estimates are provided by your insurance company and are not guarantees of payment. Insurance benefits not received within 30 days are to be paid by the patient.

Any unpaid balance 30 days past due may be charged a late fee, and there will be a charge of \$40 for all NSF checks.

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Required Releases

I authorize the dental staff to perform necessary dental services that my child or I may need.

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I have received notice of this office's Notice of Privacy Practices in the form of a brochure provided with this paperwork.

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Printed Name

Signature

Date

We attempted to obtain written acknowledgement of receipt of Privacy Practices, but could not obtain because:

☐ individual refused to sign

☐ communication barriers

☐ an emergency situation

☐ other: