

Here at Central Texas Periodontics, we are committed to providing you and your family with the best possible care. Please read, initial, and sign to acknowledge our financial and cancelation policy.

_____ As a courtesy, we will file your insurance claim; however, your **estimated** portion is due in
(Initial) full at time of service. Your dental benefits program is a contract between you, your employer, and the insurance company, therefore, it is your responsibility to know your benefits. Although we do our best to estimate benefits there is no guarantee of benefits from the insurance company until a claim is received and processed. If the claim is not paid within 60 days or if there is any remaining balance after insurance pays, that amount is your responsibility and is due in full.

_____ Central Texas Periodontics will not bill third party/absent persons (i.e.: Grandparents, Ex-
(Initial) spouses, etc.)

_____ Should your family account be sent to a collection agency (MBP Collections Agency) Central
(Initial) Texas Periodontics will apply a fee of \$100.00 per account/per person. This is non-negotiable.

24 Hour Cancellation & No Show Policy:

Thank you for choosing Central Texas Periodontics & allowing us to provide you with outstanding care. **If you miss your appointment, or fail to cancel your appointment with less than 24 business hours notice, you will be charged a non-refundable fee of \$100.** This policy is in place out of respect to our Doctors and our patients. Cancellations with less than 24 business hours notice are difficult to fill. By giving last minute notice or no notice at all, you prevent our Doctors from providing care to other patients.

By signing below, you acknowledge that you have read and understand the office financial policy and the cancellation & no show policy for Central Texas Periodontics as described above.

Signature: _____ Date: _____

Print Name: _____ Relationship: _____