

**Dr. Chaney's Office Policies:**

I authorize release of any information relating to dental claims including but not limited to letter, data, reports, x-rays, records of dental treatment, and services provided to myself or any dependent of mine. I authorize payment directly to the dentist for services rendered and understand that I am personally responsible for any portion of the charges not covered by the Insurance Company.

Please remember that Insurance is considered a method of reimbursement for the patient for fees paid to the doctor and is not a substitute for payment. **It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance. We make every reasonable attempt to collect your portion, however,** if this account is assigned for collection and/or suit, the office shall be entitled to reasonable attorney fees and /or cost of collections.

We cannot guarantee that your insurance plan will pay any part of your insurance claim. Remember you may have to pay all the fees yourself. It is important that you understand completely the provisions of your insurance policy. It is not the offices' responsibility to know your insurance. Some Insurance companies will not pay your bill if you do not select one of their participating doctors. It is your responsibility to determine if your doctor participates in your plan. Your Insurance policy is a contract between you, your employer and your Insurance Company. As a courtesy to our patients we will file your insurance for you. We are a third party and are not responsible if the insurance company does not pay your claim.

**Broken Appointments:** Your time is valuable and so is our office time. A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment we require a 24 hour notice to change appointments. We maintain a three strike policy within one year's time. It is considered a strike if a cancellation or no-show is recorded with less than 24 hours notice. Upon strike one; a verbal notice will be given. Upon strike two, a written notice will be sent. Upon strike three, a letter of dismissal from the office will be sent.

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Patient Signature

Date