

JOSEPH M. JOSEPH, D.D.S.

OFFICE POLICIES

NEW PATIENT emergency visits must be paid in full on first visit.

APPOINTMENTS: Once you have made an appointment, remember that the time is reserved for you. We try our best to stay on schedule, even when an emergency arises. Please reciprocate by being on time for your appointment.

If you must cancel an appointment, please give us at least 24 hours notice in order for that time to be offered to another patient.

MISSED APPOINTMENTS, OR APPOINTMENTS CANCELLED WITHOUT ADEQUATE NOTICE, WILL BE CHARGED A FEE.

PAYMENT: Unless prior arrangements are made, full payment is due at the time of each visit. A 2% billing charge will be added to all accounts after 90 days (24% APR).

INSURANCE: We will be happy to assist in completing your insurance forms, and we will file your insurance promptly. But should your insurance not reimburse the estimated portion of your treatment fee in 60 days, we must ask that you pay for services rendered and be reimbursed by your insurance company.

DENTAL MATERIALS FACT SHEET: I acknowledge that I have received a copy of the Dental Materials Fact Sheet dated October 2001 from Joseph M. Joseph, D.D.S.

TREATMENT AUTHORIZATION: I consent to appropriate dental procedures and anesthetics as are deemed necessary for treatment subject to consultation with Dr. Joseph.

SIGNATURE OF PATIENT (GUARDIAN)

DATE