

Alan D. Cooper, DDS, PS  
Acknowledgement of Office Policy

Release of Benefits and Information for Insurance Billing: I authorize my insurance benefits to be paid directly to the dentist. I am responsible for payment of my account even though an insurance claim has been filed. To the extent permitted under applicable law, I authorize the dentist to release information relating to the claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Estimation of Dental Benefits: Despite our best efforts, this office can provide only an estimate of dental insurance benefits, and cannot guarantee payment by my insurance company as it is based on the contractual relationship between my employer, my insurance company and me. It is in my best interest to understand my benefits as coverage varies from plan to plan. If I request, the front desk will submit a predetermination of benefits to my insurance company prior to beginning treatment.

Financial Policy: I am responsible for my portion on the day of my appointment. Unpaid balances are subject to finance charges. If my account should be placed in the hands of an attorney for collections, or if suit shall be brought to collect any of the principal or interest of this account, I promise to pay reasonable attorney's fee and cost of such suit.

Cancellation Policy: Your scheduled appointment has been reserved specifically for you. We will provide a telephone reminder 24-48 hours before your appointment. We are aware that unforeseen events can happen. To allow other patients a chance to have your reserved time, we request two working days notice to reschedule or cancel dental appointments. Please respect our practice and other patients' time by informing us as soon as possible when you are unable to make an appointment.

Scheduling Policy: While we make every effort to accommodate our patients' busy schedules, the policy of this office is to reschedule any patient arriving late for an appointment, so as not to inconvenience others for whom we've reserved time. In these situations, we may shorten or reschedule the appointment, depending upon time we've reserved for others that day.

I have read and understand the office policies as described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_