

IMMEL FAMILY DENTISTRY

Victor Immel DMD. PS.

Missed Appointment (s) and Cancellation:

Our goal is to provide treatment in a timely manner with as few visits as necessary. To provide the best services to our patients we require at least a 24- hour notice for cancellations or for re-scheduling your appointments. We understand that unforeseen circumstances may arise which may result in cancelling or missing your appointment. A charge of \$75 will be assessed for missed, short notice or cancelled appointments. Multiple failed appointments may result in being dismissed from the dental practice.

Communications with you:

By signing below, you are authorizing us to call you at any number you provide including calls to mobile/cellular or similar devices for any lawful purpose. You agree to any fee or charges that you may incur for an incoming call from us and/or outgoing calls to us, to or from any such number without reimbursement from us. We or our agents may call by telephone regarding your account. You agree that we may place such calls using an automatic dialing/announcing device. You agree that we may make such calls to a mobile telephone or other similar device.

Consent:

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered.

Patient/Parent name printed

Date: _____

Patient/Parent signature

Date: _____

