

INSURANCE INFORMATION OF THE SUBSCRIBER

As a **COURTESY**, we are happy to file your insurance claims for you. To do so, **your social security number is required by our office to extend credit to you while your insurance claim is being processed. If you prefer not to give us your social security number, you will need to pay in FULL at time of service and your insurance payments will be assigned to you.** Remember, your policy is a contract between you & your insurance carrier; we are not responsible for what your insurance does not cover. **Any remaining balances are due in FULL within 30 days of us receiving the insurance payment.** We do file secondary coverage, but we do not wait for secondary payments. **Please understand Dr. Peele chooses to accept insurance as a courtesy to his patient, to help them afford their dental care. Any account 60 or more days past due will lose their insurance courtesy. Patient & family will be placed on a fee for service basis and the balance will be due in FULL at time of service. We will file the claim for you and assign payment to you. Please remit ASAP to avoid losing your insurance courtesy we offer.**

Subscriber's First Name	Middle Initial	Last Name	
_____/_____/_____	_____-_____-_____	_____	
Date of Birth	Social Security Number	Insurance Company's Name	
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Claims Mailing Address	City	State	Zip Code
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Insurance Phone Number	Group Name	Group Number	Subscriber's ID Number

CANCELLATION POLICY

“THE MOST COSTLY EXPENSE OF A DENTAL OFFICE ARE MISSED APPOINTMENTS”

(Please read carefully, if you have any questions please speak with the receptionist) Signing below means you understand and have no questions about this policy.

Office appointments are made in advance by reserving the appropriate amount of time & staff necessary to accommodate the services you require. Prior to your arrival, the staff prepares for your appointment by making all necessary advance preparations for the procedures. This includes prearrangement of instruments, supplies & any other special needs to best accommodate your visit. **As a courtesy to our patients, we utilize an automated confirming system. The system calls the telephone numbers you have provided us 10 day in advance to give you ample time to reschedule if needed. We try our best to remind you of your appointment, but ultimately it is the patient's responsibility to keep track of their appointments. We require 24 hours (Business Day) to notice to reschedule or cancel a one-hour or less appointment & 36 hours (Business Day) notice for appointments that are more than one-hour. Our Business Days are Monday-Thursday 8am-5pm. MESSAGES LEFT ON OUR ANSWERING SERVICE FRIDAY-SUNDAY OR DURING HOLIDAYS ARE NOT CONSIDERS A BUSINESS DAY. There is a charge of \$50.00 for one hour reserved time & \$100.00 for more than one hour reserved time. EMERGENCY circumstances and patient's PREVIOUS CANCELLATION / BR. APPOINTMENT WILL BE TAKEN INTO CONSIDERATION TO DETERMINE IF A FEE WILL BE CHARGED.**

Please understand that this charge is not to punish anyone for missing their appointment, the assistant had to breakdown & setup the room for the next patient. Instruments that were taken out of sterile bags need to be re-sterile & some supplies have to be thrown away because it cannot be re-sterile once the bag has been opened. The no show / cancellation without 24 hours notice does not give us time to offer the chair time to another patient needing to be seen.

By signing below, I understand the above terms & agree to accept the terms given. I attest ALL information I have provided is accurate.

Signature of Financial Responsible Party	Print Name	Date
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