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DIPLOMATE AMERICAN BOARD OF PERIODONTOLOGY

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PERIODONTICS

Financial Policies Please Read Carefully

Your financial responsibility for various aspects of your periodontal therapy will be discussed with you during your treatment. If you have dental insurance, we will submit the appropriate forms for you in order to assist you in obtaining reimbursement, and you will be expected to pay balances not covered at the time of service. **If you do not have dental insurance, full payment is expected at the time of service.**

The primary goal of our dental practice is to provide the highest quality oral health care in the most gentle, efficient, and enthusiastic manner. Please understand that broken and canceled appointments are more than just a nuisance and an inconvenience to our staff. In fact, they impact negatively on many other patients as well as the office schedule itself. Your dental appointments are scheduled carefully. Time, trained personnel and dental equipment are reserved for each procedure. Missed appointments add to cost of dental care when reserved facilities are left waiting empty. **Therefore, in order to discourage "random" cancellations, charges may be assessed, from \$50.00 up to the full fee for the service to be performed, for broken or canceled appointments without 72 hours notice.**

Your signing this document indicates your understanding and acceptance of these policies and your willingness to abide by them.

If you have any questions about the financial aspect of your treatment, please do not hesitate to ask us. We are here to assist you in whatever way we can so that you can receive the periodontal care that you require.

Signed:

Date:

Office Staff Witness:

Date:

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