

Salem Dental Studio Dr. Steven N. Lind DMD PC

Office Policy Regarding Cancellations and Insurance

We see all patients on an appointed basis and allow enough time to provide you the best possible care. We make every effort to be ready for you at your scheduled time and appreciate you providing us the same courtesy. A notice of at least 48 hours is required if you need to make any changes to your appointment. Notice which is less than 48 hours will result in a charge of \$50.00 for each hour scheduled.

Initial _____

Many people are under the impression that if you have insurance, it is the insurance company which owes the doctor for the services. Actually, the insurance contract is between you and your insurance company. As a courtesy to you our office will bill your insurance company. However, regardless of the insurance coverage, the patient is fully responsible for the fees associated with his/her dental treatment.

Initial _____

I understand that I am responsible for charges and procedures not covered by my insurance, which may include deductibles. I agree to pay for the services rendered according to Dr. Lind's fees and terms. If my insurance company denies payment I agree to be personally and fully responsible for payment.

Patient's Name

Signature/Parent or Legal Guardian's Signature

Date