

APPOINTMENT AND PAYMENT POLICIES

Vo Dentistry & Georgia Orthodontic Care
1605 Buford Drive, Lawrenceville, Georgia 30043

WELCOME TO OUR PRACTICE!

Your dental health is of the utmost importance to us. We look forward to a long-term, professional relationship with you!

Broken or Cancelled Appointments

We kindly ask that you please notify our office at least **48 business hours** in advance for all appointments that need to be cancelled or rescheduled. **If you do not give us the required advanced notice, our office will charge \$50.00.** The charges will be applied regardless of the reason as we do not feel it is appropriate for us to judge whether or not a reason is good or valid. **Due to high demand for weekend appointments, if patients do not give the required notice, they will no longer be able to schedule appointments on the weekend. After 3 broken appointments, the patient will be dismissed from the practice.** If you experience an emergency, please notify us as soon as possible so we can discuss this with you.

Appointment Confirmation

Our office requires that **ALL** appointments are confirmed **48 business hours** before the scheduled appointment date. Patients can confirm appointments verbally, through text message, or email. **If you fail to confirm your appointment, we will cancel your appointment in order for us to schedule other patients that are waiting to be seen.**

Payment Responsibilities

I understand that all fees for services performed are due in full and payable at the time of my or my dependents visit. I agree that as a parent/guardian, I am responsible for all fees and services rendered for the treatment of my dependents. I further agree that I am responsible for all fees regardless of insurance coverage. I also agree that if I or my insurance has not paid my outstanding balance that I will be responsible for it. In the event that I default on my payment I further agree to pay all costs of collection including, but not limited to, reasonable attorney's fees. We recommend that you understand your insurance benefits and monitor their plans for prompt payment. If we are filing an insurance claim for you, please be sure to read the section regarding Insurance Claims.

Insurance Claims

If we are filing an insurance claim for you, you will need to pay us at the time of treatment the insurance deductible required by your plan and any amount that we estimate will not be covered by your insurance company. We try to get accurate information about your insurance benefits and coverage before treatment, but we cannot be sure what the insurance company will pay, if anything, until the claim is submitted and the insurance company actually pays on the claim. It is not unusual for insurance companies to give us erroneous information about coverage and benefits. This is important for you to understand, because you are responsible for all treatment charges, whether or not your insurance company provides any benefits. **Any remaining balance that is not paid by the insurance company will be your responsibility and you will be billed for this amount.**

Release of Information

I authorize Vo Dentistry & Georgia Orthodontic Care to release information as may be required to insurance companies for processing of my and/or my dependent(s) claims and to use and disclose health information about my treatment and services to bill and collect from me, my insurance company or a third party payer.

I have read, understand, and agree to all of the policies listed above.

Patient Name: _____

Parent/Guardian Name: _____

Signature of Patient/Parent/Guardian

Date