



O'Leary Dental Office
 2004 West Court Street
 Janesville, WI 53548

PATIENT'S NAME: _____

DOB: _____

1. Cancellation/ No Show Policy for Doctor Appointment

We understand that there are times when you must miss an appointment due to Emergencies. However, when you cancel an appointment less than 48 hours prior to appointment, you prevent patient from getting their much needed treatment. Conversely, the situation may arise where another patient fails to cancel their appointment and we are unable to schedule you for a visit, due to a seemingly "full" appointment book.

You will be charged a FIFTY-FIVE dollar (\$55) fee, if an appointment is:

- Cancelled the DAY OF APPOINTMENT
- Cancelled less than 48 hours prior to appointments.
- You do not show up for scheduled appointment.

This fee will not be covered by your insurance company.

2. Scheduled Appointments

Your dental needs are our top priority!

When we schedule an appointment, we reserve a time slot dedicated to meet your dental needs.

We value your time and try our very best to stay on time.

We understand that delays can happen preventing you from being on time for your appointment.

If you run late for your appointment, we will do everything we can to try to fit you into the schedule. However, if you are more than 15 minutes past your scheduled appointment time we will have to ask that you reschedule the appointment.

3. Account balances

We will require that patients without insurance pay for the services on the day they are performed.

As a courtesy to our Patients with insurance, we make every effort to provide you with a treatment plan and estimate of what your Insurance benefit will pay for recommended services, any deductibles due and amount due at each visit.

Once your Insurance Company has paid your claim, the Manager will send out a statement of the remaining amount that is due. For your convenience, we will take payment over the phone via VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS credit cards or you can mail or drop the payment off at our office.

If who have questions about your statement, please ask to speak to the Office Manager who will be happy to review your account and concerns.

Patients with balances must make full payment on their account before future Appointments will be made.

 Patient Signature Patient/Guardian

_____/_____/_____
 Date