

**FAILED APPOINTMENT AND PAYMENT POLICY  
DR. G. E. RABON**

We would like to welcome you to Restorative Arts Dental, and take this opportunity to inform you of our office policies.

**Failed Appointment Policy**

Our office operates on an appointment system. These appointments are reserved especially for you and your particular treatment. Failure to appear for your scheduled appointment denies others a chance for dental treatment. One failed appointment (not showing or calling to cancel) can be considered an accidental oversight, and can be reappointed by calling the appointment desk. After two failed appointments your treatment will be discontinued. Also, if you are more than 15 minutes late for an appointment, it could be considered a failed appointment. We ask that you call 24 hours in advance if you cannot show up for an appointment.

**Payment and Insurance Policy**

**\*\*\*Our office requires payment in full on the date of the service\*\*\***

A 1.5% finance charge will be added to any account balance that is not paid within 30 days of the visit.

**Patients who have insurance are expected to pay in full for basic and major services on the day of service. We will file insurance claims for you, so that the check is returned to the patient. Preventative services (cleanings and x-rays) will be filed with your insurance company so that the check is returned to the provider, and you will pay your part on the day of service, and you will be billed for any balance left after the insurance paid.**

**\*\*\*We are not providers for any insurance companies\*\*\***

Please make sure you provide all insurance information. This will allow us to send the claims correctly so that your money is returned promptly. A copy of your Dental Insurance card will be helpful.

**Consent for Treatment**

**I hereby give my consent for dental treatment at Restorative Arts Dental, P.A.  
I understand the above policies, and accept financial responsibility for my dental treatment.**

**Patient Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Witness Signature \_\_\_\_\_ Date \_\_\_\_\_**