

Scheduling Policy

Our office follows guidelines which help us control the schedule and serve our patients better. In order to see our patients in a timely manner and respect their time, we must have a confirmation of your appointment at least 24 hours in advance of the appointment time. If an appointment failed twice, and we did not hear from you at least 24 hours prior to the appointment, we are forced to have you prepay for any subsequent appointments.

We will call you two days in advance to confirm your appointment. If we are unable to SPEAK DIRECTLY WITH YOU, we will leave a message, either on your voice mail or with a person in your household. However, leaving this message does not constitute a confirmation.

WE MUST SPEAK WITH YOU (or your representative) DIRECTLY to confirm the appointment. Please call us to confirm or change your appointment.

We will make a second attempt to confirm the day before the appointment. If we have not spoken to you or your representative to verify that you are coming, we will cancel the appointment and offer it to another patient who may be waiting to be treated.

In the unforeseen event that the office is running behind, we will attempt to reach you so you can reschedule your day or, if you desire, to reschedule your appointment should the time change create a problem.

Print patient name

Patient signature

date

Financial Policy

All services are due in full at the time of service. We accept checks, cash, debit or credit cards and care credit. Care credit is applicable only for the patients with treatment plans over \$1000. Once a payment is made, it is final, we cannot later "change" the payment type (for example, if you pay with a Visa, then call 2 days later and want to change it to your Amex card).

The office cannot accept payment from your insurance company ("assignment of benefit"). As a courtesy to our patients, we can give you a filled-out insurance claim form that can be submitted to your insurance company for reimbursement. Please show your insurance card to the front desk staff before your service so they can create the claim form for you.

Your signature below signifies that you understand the above and are in agreement with our scheduling and finance policies.

Thank you for your trust in us.

Ray G. Behm Jr., DDS and staff

Patient signature

Date

D/Div 1/Comm/Forms/Sched Policy