

Bob Wrable DMD,PA  
OFFICE PAYMENT POLICY

APPOINTMENTS

A scheduled appointment is a commitment of time between you and our practice. We have reserved that time just for you. If you are unable to keep a scheduled appointment, please cancel or reschedule your appointment at least 24 hours in advance. This will aid you in avoiding a 25\$ service charge for office visits or a 75\$ service charge for treatment visits, as well as help us meet the needs of our patients.

PAYMENT METHODS

Payment for services are due at each visit. If you are not prepared for this, please see the office administrator immediately. Your insurance policy and plan, is a contractual agreement between you and your insurance carrier. Each patient is responsible for payment for dental care, regardless of the status of your claim.

We accept cash, personal checks, all major credit cards and Care Credit (third party financing). A 30\$ service charge will be billed for each check returned by our bank, for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION OF TREATMENT

I, the undersigned, hereby authorize Bob Wrable DMD, PA to perform necessary treatment/surgery in the event of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

INSURANCE INFORMATION

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

I attest that the information I have provided is true and correct. I authorize the release of dental information necessary to forward claims to my insurance company (ies) and/or their agencies for the purpose of filing and/or receiving payment for dental claims.

I permit a photocopy of this original to serve as an original signature.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_