

**Chris Hartung, DDS
1819 E. Innes Street
Salisbury, NC 28146**

APPOINTMENTS: _____

Our office operates by appointment only. We feel that an appointment is a reservation of our time, as well as yours. Unfortunately, if you are more than 15 minutes late, your appointment will need to be rescheduled. Please keep in mind that unforeseen dental emergencies may cause us to occasionally run behind. If this happens, please let us know if rescheduling your appointment would be more beneficial to you.

INSURANCE: _____

Please be sure to provide our office with accurate and up to date insurance information. If you do not have this information at the time of your appointment, you will be responsible for payment of all fees. As a courtesy to you, we will file your insurance ONE TIME per date of service. If your insurance company has not paid its portion within 60 days of the date of service, the amount outstanding will be transferred to your account and will be your sole responsibility. Your insurance policy is a contract between you and your insurance company. We are not a part of that contract; therefore the balance of your account is your responsibility regardless of what your insurance reimburses for services rendered.

CO-PAYS AND DEDUCTIBLES: _____

We require all deductibles and estimated co-pays be paid at the time of service. WE DO NOT DO PAYMENT PLANS. As the insured member, you are responsible for all amounts not covered by your insurance.

BILLING AND PAYMENT: _____

Our office accepts cash, personal check, VISA, Mastercard, Discover, American Express and Care Credit. There will be a \$25.00 service charge on all returned checks. Billing statements will be sent monthly for those accounts with balances due. In the event that your account becomes delinquent, it will be turned over to collections and a collection fee of 20% will be added.

CANCELLATIONS AND BROKEN APPOINTMENTS: _____

We understand that occasionally situations may arise to warrant cancelling an appointment. We require 24 hour notice for all cancelled appointments. A late cancellation or no show fee of \$25.00 will be added to your account for each broken appointment.

CONFIRMATION: _____

As a courtesy, we will attempt to contact you by phone 2 business days before your appointment, however, it is ultimately your responsibility to be aware of your appointment date and time.

Signature

Date