

PAMPERING SMILES
Gaile E. Hurdle, D.D.S, P.C.
5833 Allentown Road
Camp Springs, MD 20746

OFFICE GUIDELINES

In order to run this office as smoothly and efficiently as possible we have implemented office guidelines to make the best use of your time, as well as that of the office. They are as follows:

1. **CANCELLATIONS:** If you need to cancel an appointment, as we understand Schedules do change; we would appreciate at least **48 hours notice** upon canceling. This enables the staff the opportunity to replace this appointment with another patient who requests an earlier available appointment time. This courtesy allows us time to contact another patient giving them time to make arrangements. If this courtesy cannot be extended to us, as we have reserved this time for you, you will be charged for the procedure scheduled for that day. We do understand emergencies do arise, which may not afford you the opportunity to give us 48-hour notification, but we do ask that you inform us as soon as possible and this fee may be reduced or waived. **Fees are assessed depending on the amount of time you have reserved.**

*****NOTE: If you are a patient that is required to take premedication prior to being seen and do not take your medication as needed, this will be considered to be a broken appointment and fees will be assessed.***

Please initial _____.

2. **RESERVATION POLICY:** Beginning January 1st, 2008, we will be charging a nominal fee of **\$50** to reserve an appointment. This amount will be credited to a Patient's balance for treatment and services rendered. If the appointment is broken without proper notice (**48 hours**) this fee will not be refunded.

3. **RETURNED CHECKS:** There will be a \$50.00 returned check fee for **ALL** returned checks. This fee will cover bank fees and administrative costs. **NOTE:** If it is a bank error, this is between you and your bank. You can seek Reimbursement from your financial institution.

Please initial _____.

POST-DATED CHECKS: We will no longer accept post-dated checks or hold any checks. Services must be paid for on the date of service.

Please initial _____.

4. **LATE:** If a patient is more than 15 minutes late, the appointment may be rescheduled. This allows us to keep to the schedule as close as possible so we may see you at your scheduled appointment time.

Please initial _____.

5. **PAYMENT:** Payment in FULL is due at the time of service, unless prior arrangements have been made. We accept cash, check and credit cards to include: MasterCard, Visa, American Express and Discover. We offer an interest free financing plan with approved credit. . The insurance arrangement is between the patient and the insurance company. The patient is responsible for any treatment charges. The insurance co-payment is only an ESTIMATE! All of the insurance companies state to us and we will state this to you, "verification does not guarantee payment." But, we will assist you in obtaining the limitations of your policy.

Please initial _____.

NOTE: Prosthetic patients (crowns, bridge, partials, dentures). If you are paying by check you will need to pay your portion prior to delivery or place a credit on file to be used.

6. **COLLECTIONS:** If a balance remains past 60 days and NO payment Payment arrangements have been made; the balance will be turned over to an outside collection agency. The patient will be responsible for all attorney fees, court costs and fees associated with collecting the outstanding balance. We may charge as much as a 3% collection fee to your account. Please initial _____.

When you have completely read and understood the office guidelines, please sign and date below.

Thank you!

Signature _____ Date _____

If you have any questions or concerns, please feel free to ask our patient care coordinator. We are here to serve you.

Sincerely,

Dr. Gaile E. Hurdle and Staff