

Richard L. Anthony, DDS
Statement of Office Policies and Procedures

Dr. Anthony and his staff strive to provide the highest quality of care and service for each patient. In order to achieve this we need your assistance. Please read each statement and sign below showing that you understand our policies and procedures.

1. If I am more than 10 minutes late for an appointment I realize it may be necessary to reschedule my appointment so other patients will not have to wait.
2. We confirm appointments 2 days prior. I am aware that if my appointment is not confirmed the appointment will be removed from the schedule.
3. If I fail to give a 24-hour notice when cancelling an appointment I realize I will be charged a **\$75** cancellation fee.
4. All payments and co-payments are due at the time services are rendered. Dental insurance is a contract between you and your insurance company. Please understand everyone's insurance is different and it is not feasible for us to verify each patient's benefits. Our best efforts are made to assist you with this but ultimately the responsibility and all treatment fees is yours. If you have two dental insurance policies you are responsible for filing with your secondary policy. **We are only in network with select Delta Dental policies.** I understand I will be responsible for any collection fees incurred in the event my account is not paid in a full and timely manner.
5. I am aware that the preferred payment method is a Credit/Debit Card, Care Credit Card or Cash. I understand that if the office of Dr. Richard Anthony accepts my personal check, any returned/stopped check will incur a \$50 fee and all future payments **MUST** be made with Credit/Debit card or Cash at the time of service.
6. If Dr. Anthony or his staff experiences exposure to my blood I give them permission to have my blood tested for HIV at a health care facility of my choice at Dr. Anthony's expense.
7. I give Dr. Anthony and his staff permission to leave messages concerning my account, treatment, and appointment confirmations on the phone number(s) I have provided them. _____ Yes
_____ No
8. I give Dr. Anthony and his staff permission to discuss my account with the following people:

9. I give Dr. Anthony and his staff permission to discuss my treatment with the following people:

Patient/Guardian Signature

Date