

OFFICE POLICIES

Dear Patient,

We are extremely happy, you have chosen the office of Dr. Kelly Hollis DDS PC to care for your oral health. We would like to take this opportunity, to inform you of your responsibilities, and our office policies, regarding insurance payments, failed appointments and billing. This will avoid any misunderstandings, and allow us to serve you better.

- As a courtesy to our patients, we will process your insurance claim; however, dental insurance rarely covers the total cost of treatment. Your **co-payment** is due at or prior to the time of treatment.

Your Co- payment is the estimated amount not covered by your insurance. Once we submit to your insurance, if you have a balance due payment is due immediately. **Any balances over 30 days there will be a 10.00 late fee.**

- We understand that emergencies, arise from time to time, and appointments might be unavoidably missed. We will not charge you for the first missed appointment, but the second failed appointment, or appointment cancelled without **24 hours' notice**, will incur a fee of **\$50.00**. This fee is not payable by insurance and will be the responsibility of the patient.
- We will make an effort to remind you, of your appointment by phone, two days prior to your appointment. Please note, this is a courtesy call, and we cannot guarantee you will receive a call. If it becomes necessary for you to cancel or change your appointment, we **do** request a **24 hour notice**. We require, that you notify this office at least **24 hours** in advance to avoid a failed appointment fee.

Kindly acknowledge your agreement with these policies by signing below and bring this form with you to your next visit. If you have any questions, please call us at 717-292-6548 or ask our front desk staff at your next visit.

Thank-you, we look forward to serving you.

Patient Signature: _____ Date: _____