OFFICE POLICIES FOR DR.ERIN WOLFSON

I authorize treatment and agree to pay all fees and charges for such treatment. I am financially responsible for all charges incurred by me and all my family members. I agree to pay promptly. I acknowledge that payments will not be delayed or withheld because of any insurance coverage or pending claims. I acknowledge that all proceeds of insurance are assigned to this office where applicable and that this office assumes no responsibility for the collection of any proceeds of insurance.

It is important that you are aware of your Dental Benefits. Accepting your insurance is a *service*, however it is impossible to know all plan benefits. We ask that you know when your last full series of x-rays were taken and how many years in-between that your plan allows. At your request we will preauthorize for future procedures through insurance. THIS IS NOT A GUARANTEE OF PAYMENT FROM INSURANCE.

I hereby authorize the release of any pertinent information to my insurance company and any other doctors involved in my case. If my account becomes assigned to a collection agency, I agree to pay all collection agency fees, court costs, and attorney fees. I understand that all accounts with a balance over 60 days will be assessed a 1.5 percent late charge per month on the unpaid monthly balance. If my account is sent to collections, then I will not be allowed to schedule an appointment for myself or anyone else listed on my account, until all past due amounts are paid in full, including collection agency fees.

I understand that there will be a $50.00 fee charged to my account for any missed hygiene appointments or any scheduled appointments not cancelled 24 hours prior to my scheduled appointment time. The fee must be paid in full before your next scheduled appointment. Any restoration appointment with Dr. Wolfson there will be a $75.00 per hour fee charged for any broken appointments without 24 hour notice.

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Signature of Patient and/or Guardian Date

Updated on June 28, 2011