




I understand that Emerald Coast Dental and/or Richard E. Corley, D.D.S., P.A. are providing a courtesy to me by filing my insurance claims, and that being informed of the coverage and benefits on my individual insurance plan is my responsibility and not the responsibility of Emerald Coast Dental and/or Richard E. Corley D.D.S., P.A. [REDACTED] Initials

I understand that a treatment plan will be provided prior to treatment, which will show my estimated cost of treatment. I understand that finances discussed including insurance benefits to be paid, benefits used and benefits remaining are an estimate only and may differ from my final balance due, depending on the final payment from my insurance company.            Initials

Unfortunately, some insurance plans have limitations that are not disclosed during the verification process. I understand that changes to my insurance plan during claim processing (termination of plan, exclusions of benefits, alternation of benefits, waiting period, etc.) may affect the final payment received. If this occurs, I understand that the balance remaining from services rendered is my responsibility.            Initials

I understand that I am responsible for notifying Emerald Coast Dental and/or Richard E. Corley D.D.S., P.A. of any changes to my insurance prior to a scheduled appointment. Failure to do so may require payment in full.

 Initials

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Emerald Coast Dental Appointment Guidelines

Providing quality treatment for all of our patients in a timely manner is a major focus of our practice philosophy, and because last minute cancellations can cause hardships for many individuals we would like to clarify our appointment guidelines. It is our sincere hope that you will accept these guidelines and join us in our efforts to provide quality time for you and each valued patient in our practice. Several courtesy reminders will be attempted, including e-mails and text messages. Your appointment can be confirmed through these reminders; however, if the appointment is still unconfirmed 2 days prior to your scheduled appointment we will call you with a reminder. Our office does require a return call for confirmation, or to reschedule the appointment if necessary. \*\* Please note: **Cancellations via text message or e-mails will not be accepted.**

1. There will be no charge to your account if you must reschedule an appointment provided you notify our office 24 hours in advance. This allows us the opportunity to extend this appointment to another patient.
2. Last minute cancellations are sometimes unavoidable and we understand that emergencies occur. However, if patients consistently make last minute cancellations, they may be put on a "short call list" and called when vacancies become available. Cancellations not received within the 24 hours prior to your scheduled appointment will be subject to a \$50.00 cancellation fee.
3. Patients who habitually do not show up for scheduled appointments may be required to pay a reservation fee to make future appointments.
4. Patients who are fifteen (15) minutes late to a scheduled appointment may not receive all scheduled treatment and/or may be asked to reschedule the entire appointment.

Patient's Signature

Date

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