

*PAIGE VOLENTINE, D.D.S.
620 S. TRENTON ST.
RUSTON, LA 71270
318-255-7946*

CANCELLATION POLICY

IT IS OUR OFFICE POLICY WHEN YOU SCHEDULE AN APPOINTMENT AND WE RESERVE TIME ON THE SCHEDULE FOR YOUR DENTAL TREATMENT THAT WE REQUIRE A 24 HOUR NOTICE FOR CANCELLATIONS OR RESCHEDULES. WE REALIZE THAT SOME THINGS ARE UNFORSEEN AND CANNOT BE HELPED OCCASSIONALLY. THERE WILL BE A \$60.00 CHARGE IF AN APPOINTMENT IS FAILED 3 CONSECUTIVE TIMES OR 24 HOUR NOTICE IS NOT GIVEN.

THANK YOU FOR YOUR COOPERATION WITH THIS MATTER.

PATIENT/RESPONSIBLE PARTY

DATE

FEE ESTIMATE AND PAYMENT AGREEMENT

Payment is due at the time of service.

Our office will file your insurance claims as a courtesy to you but, please remember, that your insurance contract is between you and your insurance carrier. We do our best to estimate what your insurance will pay for services, however, any amount that is not paid by your insurance is your responsibility. Once your insurance is verified, your estimate portion will be due on the day of treatment. I understand that any remaining balance on my account must be paid within 30 days of the date of the initial billing statement. I will be responsible for any interest, attorney fees, and/or other collection costs that may be imposed to collect any amount due on my account.

I hereby authorize payment of dental benefits, otherwise payable to me, directly to Dr. Paige Volentine, if applicable.

PATIENT/RESPONSIBLE PARTY

DATE