

DWAYNE R. BURBACH, D.D.S., INC. • NOLAN S. JANGAARD, D.D.S.
7005 Atascadero Avenue • Atascadero, CA 93422
805-466-3328

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and understanding of our OFFICE POLICY AND PROCEDURES.

Understanding Insurance:

We will bill your insurance as a courtesy, however, we are not responsible for your insurance company's action or inaction in paying for the service. If your insurance company has not paid within 60 days, the charges are then your responsibility.

*A current insurance card must be provided at the beginning of each visit. If eligibility cannot be verified at the time of service, payment in full is expected.

*Not all services are covered by all insurances. Please review your insurance so that you are aware of your coverage plan. Knowing your coverage is your responsibility, you will be expected to make payment in full on non-covered services at the time they are received.

Payments:

*Co-pays, and all deductible payments are due at the time of service.

*Patients without insurance are expected to pay in full at the time of service.

*Please send your teenager in for an appointment with proper payment methods arranged.

*We accept cash, checks, Visa, MasterCard, Discover and debit cards with credit logos on them.

Returned Checks & Collections Procedures:

*All returned checks are subject to a \$25.00 non-sufficient funds fee. If payment is not made within 10 days to cover the amount of the returned check plus the NSF fee, we then forward the returned check to the District Attorney's office in San Luis Obispo.

*We reserve the right to forward any balance past due by 60 days to a third party collection agency for collection purposes.

Cancellation and No-Show Policy:

*Your appointment time is reserved exclusively for you. Please be considerate of others and give 24 hours notice if you need to cancel or reschedule an appointment. Failure to give 24 hours notice will result in a \$50.00 charge.

*If you do not arrive for a scheduled appointment, you will be charged a \$75.00 No-Show fee, which must be paid before you can schedule future appointments. Failing to keep 2 appointments in a year will result in the restriction of appointment options. After the third missed appointment, we will not be able to treat your family in the future.

If you have any questions about the information above, please don't hesitate to ask us. We are here to help you.

I do hereby consent to and authorize the performance of all examinations and dental treatment by Dwayne R. Burbach and/or Nolan S. Jangaard and their staff as they deem advisable. I also acknowledge and understand the OFFICE POLICY AND PROCEDURES explained above and have received a copy of same. I hereby authorize my insurance company to pay DR. DWAYNE R. BURBACH directly. The copy of this authorization can be considered an original for insurance purposes.

Signature _____

Date _____

Print Name _____