

Practice Limited to
and Specialist In:
*Orthodontics and
Dentofacial Orthopedics*

West Paces Ferry Orthodontics

Paul Yurfest D.D.S.
*Board Certified Specialist
Invisalign Certified
Premier Provider Elite
Accelerated Osteogenic
Orthodontics*

OFFICE POLICY REGARDING NO-SHOW APPOINTMENTS AND NON-SUFFICIENT FUNDS

My office uses an email system as a reminder of your regularly scheduled appointments. This system is 97% reliable, but be advised that YOU are responsible for keeping track of your appointments. We understand that unforeseen things happen which may prevent you from keeping your appointment which is why we have a liberal cancellation policy. If you call us prior to the appointment time to cancel or reschedule your visit there will be no charge. If we do not hear from you then that is considered a "no-show" and you will be charged a fee of \$25.00.

In regards to the no-show fee, I have instructed my staff that all patients who do not call us will be charged so please do not ask for adjustments to your account. It is not our intent to charge our patients additional money but it is very costly if you miss your appointment and do not give us time to schedule another patient in your timeslot. We also cannot keep the schedule running smoothly when patients no-show appointments. This policy enables us to maintain a high level of service for all our patients.

All of our in house financing is set up on auto deduction payments but from time to time you will write a check for service other than what is contracted or to make an additional payment. If your check is returned for non-sufficient funds it will be necessary for us to pass on our \$30.00 nsf fee from the bank. We reserve the right to electronically debit your account for both the amount of the check or payment and the nsf fee. Your use of a check constitutes acceptance of this agreement. This applies to patients who pay with an actual check or are set up electronically for monthly payments. If we are unable to verify funds prior to your next appointment with Dr. Yurfest, then both the nsf check and fee must be paid in order for you to be seen.

In addition, we reserve the right to forgo the interest free financing or require another method of payment if your check is returned.

We appreciate your cooperation on these issues.

I have read and agree to the above policies.

Signature