



Office Policies

We strive for excellence in every aspect of your periodontal care and treatment. We respect your appointed time and make every effort to stay on schedule, and appreciate your doing the same. If you have an emergency periodontal need, we will make every effort to resolve your problem and see you as soon as possible. These policies are intended to keep our practice running in a fair and equitable manner for everyone, as well as to optimize your care.

All fees are due on the day services are rendered, unless prior financial arrangements have been made. We accept Visa and MasterCard for your convenience.

I agree to be fully responsible for all fees for services rendered by Seaside Periodontics, LLC, as well as any collection costs, court costs, and reasonable attorney fees due to delinquency in payment of this account. Interest charges at the rate of 1.5% will be applied on a monthly basis to any outstanding balance.

We also want you to be aware of missed appointment/cancellation policies:

- **Periodontal Maintenance (cleaning) appointments** require at least 24 hours notice or a \$45 fee will be charged to your account.
- **Office visits with Dr. Marquis** require at least 24 hours notice (1 office business day).
- **Surgeries of any kind (besides implants)** will require at least 48 hours (2 office business days) cancellation or rescheduling notice or your account will be charged a minimum of \$50 per hour of scheduled surgical time.
- **Implant Surgeries** require at least one week notice of cancellation or rescheduling. In cases of repeated rescheduling a deposit may be requested.

We will assist you in filling out all appropriate insurance claim forms. **However, since insurance policies are an agreement between the patient and the insurance carrier, it is ultimately the responsibility of the patient that account payments are made in a timely fashion. In the event that an insurance company makes payments to the patient (particularly Delta Dental of NJ and Mashantucket/Pequot Ins.), payment is expected at the time at which services are rendered.**

I have read and understand these office policies.

PATIENT NAME: _____

SIGNATURE: _____ DATE: _____