

AUTHORIZATION OF OFFICE POLICIES, DR. JAMES C. CATT, DMD.

Patient Name: _____
Last First MI Preferred Name

Policy Benefits/Non-Covered Charges: I understand that it is my responsibility to know my insurance policy coverage and benefits and will notify Dr. James C. Catt, DMD of any changes in a timely manner, (Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amounts not covered by your insurer. Services rendered may be considered not covered by insurance and/or may be subject to a deductible.) I understand that I have the right to refuse any services before they are rendered.

Yes No

Account Balances: I understand that if I have a balance on my account I will receive monthly statements until the account is paid in full. Bills are due and payable upon receipt of this monthly statement. Dr. James C. Catt, DMD will bill my insurance for me if I provide the appropriate billing information. My insurance will make payment directly to Dr. James C. Catt, DMD (unless previously arranged with the Office Manager) and I will be responsible for any deductible, co-payments, patient balances or co-insurance.

Yes No

Past Due Accounts: I understand that all outstanding accounts will be turned over to a collection agency if we have not received payment and/or a response to our letters. Please contact us before this if you would like to set up payment arrangements.

Yes No

Cancellation and No Show Policy: I understand that I will be charged a \$30 Cancellation Fee if I fail to notify Dr. James C. Catt, DMD of a cancellation at least 1 business day before my scheduled appointment. Your appointment time is reserved for you. In order to better serve our patients we ask that you call our office at least 1 business day prior to your appointment. Please help us to help others.

Yes No

Signature: By signing this Office Policy Notice you, the guarantor, acknowledge that you have read, understand and accept the above policies.

Signature _____ Date _____

Response Date: ____/____/____