



## ADDITIONAL OFFICE POLICIES

Initials: \_\_\_\_\_ **COPAYS:** Copays are due when I arrive for my appointment.

Initials: \_\_\_\_\_ **COMPLETION OF FORMS:** I understand that there is a fee for completion of forms or documentation pertaining to private insurance associated with long- or short-term disability, or with the Family Medical Leave Act (FMLA). The following fee is due at the time the paperwork is presented to the clinic and cannot be billed to my health insurance account: \$39 for 1 page or \$59 for 2 or more pages. If I need forms expedited, I understand there is an additional charge of \$20.

Initials: \_\_\_\_\_ **DEPOSIT:** For all in-office procedures, a non-refundable \$200 deposit will be collected. You acknowledge and agree to make a payment of half the total amount one week before the scheduled treatment. The remaining balance must be received by the scheduled procedure time. Failure to meet this requirement will result in removal from the schedule. Initial payments are non-refundable. All deposits will go toward the cost of the procedure if the appointment is met.

Initials: \_\_\_\_\_ **MISSED APPOINTMENT FEES:** A 24-hour notice is appreciated for rescheduling. A "no-show" fee will be applied for all missed appointments. I understand the fee is \$50 for all scheduled but missed and/or canceled office visits. For missed or canceled procedures, we will charge 10% of the cost of the procedure.

Initials: \_\_\_\_\_ **ANESTHESIA SERVICES:** Alfi Oral Surgery hires a board-certified anesthesiologist to provide sedation or anesthesia services during procedures. Sedation or anesthesia services are out-of-pocket services and as such are billed separately. I understand that I am responsible for payment of such services, and that Alfi Oral Surgery will still try to receive reimbursement from my insurance carrier, which would serve as a potential refund for any anesthesia services I have paid for.

Patient Name

Signature of Patient

Date