



Dr. John Toumanios

Office Policy

- I have received or read a copy of the Privacy Practices for the dental office of Dr. John Toumanios.
- Payment is due when treatment is rendered, unless other arrangements have been made.
- Your appointment time has been reserved exclusively for you. If you are unable to keep your appointment, 24 hours' notice is required, or you will be charged \$50 per half hour scheduled. (We have reserved 45 minutes for your routine hygiene appointment.)
- Your insurance policy is a contract between you and your insurance company. You hereby authorize us to release information to your insurance company on your behalf.
- We will submit all claims for you; more than once, if necessary. Ultimately, however, you are the one responsible for the account. Co-pays, deductibles and non-covered fees are due when services are rendered.
- The parent/guardian signing is responsible for this account, regardless of the subscriber of the insurance policy holder.
- A balance outstanding over 30 days is subject to 1.5% interest. This will be extended if financial arrangements have been made.
- In the event of legal action necessary to collect an unpaid balance due for dental services, I agree to pay reasonable collection & attorney fees or such other cost as the court determines proper and consent to obtain credit report, if necessary.
- If there is any change in my health or medication, I will inform the dentist at the next appointment.

Signature of patient or guardian _____ date _____

Please print name of patient or guardian _____