

DOUGLAS B. GIBBONS D.D.S., P.C.
1101 Medical Arts Ave. N.E. Bldg. 1
Albuquerque, N.M. 87102
Ph. 505-842-0808 Fax 505-842-1165

Appointments reserved exclusively for you

We certainly understand that emergency circumstances may arise that prevent you from keeping a scheduled appointment. Please be advised that our office is unable to accept frequent cancellations, short notice changes, or broken appointments. We request at least 24 hour notice to change a reserved appointment so that we are able to offer that time to another patient. Failed/no show appointments will be assessed a charge of \$50.00 per 1/2 scheduled, which must be paid prior to rescheduling any appointments. Patients who arrive more than 15 minutes late for an appointment may be rescheduled. We may require a 50% estimated payment prior to scheduling certain procedures.

Financial policy

We are committed to providing the best dental care and are available to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about your financial responsibility.

- ***Payment in full, or your estimated copay is due at the time of service***
- ***We accept cash, check, or major credit cards***
- ***We also offer financing through Care Credit***

Dental insurance is not designed to cover the entire cost of your treatment. Your particular benefits are based on the premium amount and coverage negotiated on your behalf by a third party (usually your employer). We file insurance as a courtesy to our patients and we will do our best to help you maximize your available benefits. We are not a party to your insurance contract, therefore can only estimate your copay portion based on the information they provide to us, which is not a guarantee of coverage. We are not required to become involved in disputes or appeals between you and your insurance. Charges are due in full within 90 days regardless of insurance. Any balance due over 60 days will be assessed a monthly finance charge of 1.5% APR. Accounts due over 90 days are subject to collection proceedings and you are responsible for any additional related costs and/or legal fees.

I understand my responsibility as a patient and acknowledge the above policies.

Patient/Guarantor Signature

Date