

TANADA-LEE FAMILY DENTAL

Case Notes\* Payment is due at the time services are render

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Regarding Insurance:

We may accept assignment of insurance benefits. However, we do require the above amount to be paid at the time of service. Please be advised this is ONLY an estimate. The balance is your responsibility whether your insurance company pays or not. We are not a party to that contact. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under your dental insurance plan.

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Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

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CANCELLATION AND/OR RESCHEDULING:

There will be a fee of \$25.00 dollars or more for any appointment that is canceled/ rescheduled or no show with less then 24hours notice. I understand that if I should have to cancel/ reschedule it will have to be with the 24 hours of my appointment time. If I don't there will be a fee added to my account.

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Signature \_\_\_\_\_ Date \_\_\_\_\_