

**W. Jeffrey Battles, D.M.D., P.C.**  
**1206 West Waugh Street**  
**Dalton, GA 30720**

## PATIENT AGREEMENT AND FINANCIAL POLICIES

*CONSENT TO DIAGNOSIS:* By signing below I fully consent to allow Dr. Battles and his staff to perform any procedure necessary to evaluate my oral health and to make diagnoses. The procedure may include but are not limited to: periapical radiographs, panoramic radiographs, Diagnodent laser, caries detection, hot and cold pulp testing, electric pulp testing.

*CANCELLATIONS, LATE ARRIVALS, AND NO SHOWS:* Appointments times scheduled for you are your personal reservations in our office. Attending scheduled appointments is a responsibility that we ask you to accept. However, we do realize that unforeseen circumstances do arise and cancellations become necessary. If you are a no show or arrive more than 15 minutes late without letting us know in advance you may be charged a minimum of \$80 and may not be seen. We require an advance notice at least 48 hours for cancellations. This courtesy allows us time to review our call list of waiting patients and fill your cancelled reservation.

*PAYMENT and INSURANCE RESPONSIBILITY:* Our office requires that payment in full for services rendered be collected each visit. Our office is not an in-network provider for any dental insurance company nor plan; however, we are happy to file claims for these policies as an out of network provider. Our office does accept assignment of benefits from major insurance companies. Remember that your insurance policy is owned by you and is your responsibility. We are not in any way responsible for the amount of benefit. Any unpaid insurance balance is due from the policyholder after 45 days. We do not file **secondary insurance** claims nor any claims considered **medical claims**.

*DEPOSITS FOR APPOINTMENTS:* Non-refundable deposits are required for appointments with an anticipated length of 1.5 hours or more. The appointment will be non-changeable with less than a 7-day notice.

*PAST DUE ACCOUNTS:* Accounts aging 30 days or more will incur an interest charge of 1.5% per month or 18% APR. In the event this account is placed with a collection agency or attorney you will be responsible for all collection fees and shall pay 15% of the principal and interest owing on said account as attorney's fees for collecting said account.

**I have fully read, fully understand, and agree to this Patient Agreement and Financial Policies.**

Signature\_\_\_\_\_