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Family Dentistry & Orthodontics
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PRACTICE GUIDELINES

Appointment Guidelines:

This notice is to make you aware of our appointment guidelines. Due to the fact that time is reserved especially for each individual patient's needs, your commitment to come on time to your appointment is essential. We are now requesting a 2 business day cancellation notification for any appointment changes. There will be absolutely no charge for your need to reschedule an appointment, provided we receive 2 business day notice. This courtesy will provide us with the opportunity to give this time to a patient who is waiting. The fee for short notice cancellations (less than 48-hour notice) is a minimum of \$50.00 and a maximum equivalent to the total cost of the visit. Thank you for your cooperation. We look forward to serving you.

Dental Insurance:

If you should have dental insurance, it will be our pleasure to process your insurance claim as a courtesy to you. Should you have dual coverage, it does not mean that you may not have a co-payment. We take pride in making every effort possible to obtain the maximum benefits allowable under your plan. For your convenience, estimates will be provided before treatment is scheduled. Estimates are not a guarantee of payment by the insurance. Since we are not involved in the contract with your employer and the insurance company, all treatment not covered and payable by the insurance plan will be your responsibility. Any balance over 60 days old will be subjected to a 1.75% (21% per annum) finance charge.

Financial Options:

Payment is required at the time service is rendered. If you are interested in financial assistance, it will be our pleasure to discuss payment options with you. The appointment guidelines have been reviewed and explained to my satisfaction. All questions have been discussed.

Patient Signature: _____

Date: _____