



www.julianofamilydental.com

OFFICE POLICY:

Appointments

As a courtesy to our office, we require 24 hours notice for all appointment cancellations or re-schedules. A last minute cancellation or failure to show means that appointment cannot be offered to another patient who may be in need of treatment. A broken appointment fee may be applied to your account if adequate notice is not given. In addition, for group or cluster appointments that are canceled last minute, there will be an additional fee applied for **EACH** appointment missed.

Financial

I understand that I am fully responsible for any fees for services rendered. I am aware that my insurance, if applicable, is there to help assist me in the payment of services I received from Dr. Juliano, and that the office staff will, as a courtesy to me, assist me in filling a claim. I also understand that a billing fee of 1.5% may be added to my account each month until paid, unless a prior financial arrangement has been made.

Patient Name

Date

Responsible Party or Patient Signature

Relationship to patient



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AUTHORIZATION OF INFORMATION

I give permission to discuss treatment, financial and appointment information with:

1. _____
(Name/ Relationship)
2. _____
(Name/ Relationship)
3. _____
(Name/ Relationship)

If the office cannot contact you regarding treatment, financial or appointment information, it may be necessary to leave messages.

Please check the appropriate box:

You **CAN** leave messages on voicemail, answering machines, or with someone

DO NOT leave messages on voicemail, answering machines or with someone

(Patient name)

(Patient or Parent/ Guardian Signature)

(Date)