



Dr.L.Nabi,
Dr.M.Zhou & Staff.

RESCHEDULING AND NO SHOW POLICY

We understand that it may become necessary to reschedule an appointment. In order to accommodate that needs of our patients we do require two business days’ notice in order to change your appointment.

We find that most of our patients have very busy schedules. Some patients have to wait three or four weeks for their appointment; others are in pain and need to come in as quickly as possible. For these reasons we have had to implement the following policy:

A missed appointment fee of \$ 100.00 per hour and will be charged if sufficient notice of 48 hours has not been given. We will require this fee to be paid prior to appointments being rescheduled

Dr. Nabi, Dr. Carberry, Dr. Zhou and staff at Town Centre Dental Clinic look forward to taking care of your oral health needs and welcome you and your family to our team of dental professionals.

INSURANCE INFORMATION

As a service to our patients we want to continue to bill your insurance company; however, due to the Privacy Act we are often unable to obtain patient’s personal information. If your insurance company will not provide our dental office with your insurance information we are asking for your assistance. Please speak to your carrier personally, obtain your coverage and then relate the information to our office. We will then bill your insurance company directly. If for any reason you are unable to provide us with your insurance information prior to the appointment we would be unable to bill your insurance company directly. You would then be responsible for your treatment at the time of service. Once we receive your insurance information we will be pleased to submit your claim on your behalf for your reimbursement.

Also, please note any treatment that your insurance does not pay or exceeds the limit of your individual plan will be your responsibility and billed directly to you.

XRAY CONSENT

Town Centre Dental’s digital x-ray sensors minimize exposure by 80% compared to traditional x-rays. In order for the dentist to make a thorough diagnosis, up to date x-rays are required. Before signing below you are giving consent to take x-rays for yourself and your family members.

I have read the above policies of Town Centre Dental Clinic and fully understand my responsibilities as patients. Please sign and date indicated below.

Patient Signature

Office Signature

Date _____