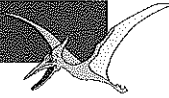


Glenn V. Hemberger, DDS, MS

Dental Speciality for Children and Teens



OFFICE POLICY

All patients must complete the Patient's General Health History, Office Policy and Insurance Policy forms prior to any treatment.

PATIENT COMPLIANCE: We are committed to providing you with the best possible care. We feel it is of utmost importance to establish and maintain a mutual gratifying doctor/patient relationship. To fulfill this requirement we need you to follow through with any recommended treatment or home care. _____
initial

MISSED APPOINTMENTS: We expect patients to be present at all scheduled appointments reserved for them. To avoid a \$36.00 missed appointment/late notice fee, 24 hour notice is required. Continual missed or short notice (less than 24 hrs) cancellations may result in dismissal from this practice. _____
initial

FINANCIAL POLICY: Full payment is due at the time of service, regardless who accompanies the patient on the day of their appointment. We accept cash, checks, or credit cards. We file insurance claims as a courtesy, but please refer to our Insurance Policy. _____
initial

Patients that fail to comply with the above policies may be subjected to dismissal from the practice of Glenn V. Hemberger, D.D.S., M.S.

Thank you for understanding our Office Policy. Please let us know if you have any questions or concerns. I have read the Office Policy. I understand and agree to this Office Policy:

Signature of Responsible Party _____ Date _____

rev. 4/04

