

NOTICE TO ALL PATIENTS

January 10, 2007

NO SHOW AND CANCELLATION POLICY:

As a courtesy to our patients as well as our office staff, we require **24-hours** cancellation notice for all appointments. Any appointment that is cancelled without 24 hours (business days) notice will be subject to a charge of **\$50 per hour**. Please remember that your valuable appointment time may be needed and greatly appreciated by another patient. Your cooperation with this policy is appreciated.

RETURN CHECK POLICY:

There will be a **\$35.00** return check fee applied to your account for any check returned to Fletcher Heights Dental Care, P.C.. You will be notified by mail and telephone and will then have five days to replace the check via cash, credit card or money order. If the payment is not replaced within five days, your account will be placed with a collection agency.

COLLECTION AGENCY FEE:

If for any reason your account is turned over to an outside collection agency due to non-payment of your account balance, all collection agency fees and any additional costs associated with the collection of your account balance will be added to the total amount owed.

I have read and understand the policy's mentioned above. I have also received a copy of this policy change if requested.

Patient Name

Patient Signature

Date

Fletcher Heights Dental Care, P.C. Staff Member