

William T. McMaugh, D.D.S.
528 Main Street
Suite 101
Harleysville, PA

APPOINTMENTS

To make sure that every patient gets individual attention, we set aside dedicated time for each appointment. If you find it necessary to cancel or change an appointment, we require that you provide us with 24 hours notice. If appropriate notice is not given, you may be charged a minimum of \$35 for a broken appointment. This fee is subject to change without notice and may be increased for longer scheduled appointments.

LATENESS

We try very hard to stick to our patient schedule so that you are not kept waiting. Sometimes situations during treatment occur that are beyond our control, and we may fall behind. We ask for your patience and understanding in these cases.

If you arrive late for your appointment, we may elect to reschedule your appointment, or perform what treatment we can with time remaining, then schedule another appointment to complete treatment so as not to keep other patients waiting. If you are very late, your appointment will likely need to be rescheduled in fairness to others.

INSURANCE CHANGES

Payment of insurance benefits depends greatly on accurate insurance information from you. You are responsible to inform the dental office of any changes to your insurance coverage before any treatment is rendered. Any loss of insurance benefits resulting from any such untimely notification is solely your responsibility. Any treatment provided without updated and accurate insurance information from you will be charged at regular, out of network, office fees.

CHANGES IN MEDICAL/DENTAL HISTORY

It is our policy to update your medical history at the beginning of every appointment. It is important for you to inform us of any changes in you medical or dental health at the beginning of every appointment. At periodic intervals we will ask you to fill out new registration and medical history forms in order to insure that our records are up to date. We ask that you understand that this is needed to benefit and safeguard your health so that we can provide you with quality treatment that is consistent with your general health.

Signature _____ Date _____

Print Name _____