

# Natalie Brasseaux DDS

## Office Policies

### Appointments/No Show/Late Cancellation

\*If patient is unable to keep their appointment, please contact our office at least 24-48 hours in advance to allow someone else the opportunity for an appointment.

\*If the patients appointment is rescheduled or canceled **within one hour of appointment time** it will count as a **no show**.

\***No Shows or short cancellations result in a \$75.00 fee.**

\*If you are more than 15 minutes late, we will do our best to accommodate you. However, you may be limited on what can be done in the time we have allotted for you.

\*If patient has **3 or more no show/cancellation** appointments, you may be asked to prepay to schedule an appointment which is non-refundable.

### Insurance

\* **PLEASE NOTE WE ARE NOT AN IN-NETWORK PROVIDER FOR ANY INSURANCE COMPANY**

\* **IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES WITH YOUR INSURANCE.**

\*Please keep in mind that your insurance is a contract between you and the insurance company. Not all insurances cover all procedures.

\*Please be mindful insurance verification is not a guarantee of payment and ultimately insurance companies have the final say regarding all coverage decisions.

### Financial Policy

\*Most insurance plans are accepted and filed as a courtesy to our patients.

\*Any co-pays, deductibles, co-insurance payments, or non-covered services are your responsibility and are due at the time of service.

\*We accept cash, debit cards, Visa, Mastercard, Discover, Am Ex and personal checks.

\*Patients are responsible for all fees associated with non-sufficient funds (NSF). Returned checks (NSF) will be charged back to the patients account and an additional service fee of \$25.00.

\*Any outstanding balances are due within 30 days of the statement. If you experience circumstances beyond your control, please contact our office so we can discuss payment options.

\*All balances over 90 days without payment will go into collections and no further appointments will be made and future appointments will be taken off the schedule until the account is settled.

#### Divorce Decree:

\*We are not a part of your divorce decree. The responsibility for payment and the presentation of active insurance cards at the time of service is the responsibility of the accompanying adult.

### Termination from our Practice

\*We value our patient relationships and want to protect patient's rights. We will terminate after careful consideration for reasons of no-show appointments/cancellations or not paying your bills.

### ACKNOWLEDGEMENT

\*I HAVE READ AND UNDERSTAND THE ABOVE POLICIES OF NATALIE BRASSEAU, DDS. I AGREE TO THE POLICIES ABOVE AND UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT COVERED BY INSURANCE.

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Signature of Patient/Parent/Legal Guardian

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Relationship

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Date