

**GENERAL DENTISTRY**  
Dr. Bao Van Nguyen, DDS, PA  
Dr. Cindy Nguyen Brayer, DMD

**APPOINTMENT POLICIES, FEES, AND AGREEMENTS**

- ❖ Our office hours are: Monday, Tuesday, Thursday, and Friday from 9:00am to 5:30pm and lunch daily from 12:00pm to 1:00pm. Our office is open Wednesday from 9:00am to 12:00pm.
- ❖ ***WE REQUIRE AT LEAST 24HRS NOTICE TO CANCEL AN APPOINTMENT, unless there is a mutual agreement upon emergency. After one (1) missed appointment with less than twenty four (24) hours advance notice, or not showing up at all, YOU WILL BE CHARGED a \$25.00 cancellation fee per hour. No future appointments will be scheduled after three (3) appointments that are cancelled or missed with less than twenty four (24) hours advance notice.***
- ❖ Patients without insurance are expected to pay for all dental services at the time treatment is rendered.
- ❖ Patients with dental insurance are expected to pay their deductible and insurance plan fees at the time dental services are rendered, unless otherwise arranged with our office. Please understand that your insurance policy is a contract between you and your insurance company. **YOU ARE RESPONSIBLE FOR THE PAYMENT OF ALL DENTAL SERVICES RENDERED.** We will bill your insurance company as a courtesy to you. If an arrangement has been made to bill your dental insurance and they do not make payment within sixty (60) days, you will be responsible for the total unpaid balance. All claims that remain unpaid after ninety (90) days from the date of service, and for you which you have been notified with a request for payment, will be subject to collections from our collection agency. We feel that ninety (90) days at no interest, is a generous grace period to await payment. Any account ninety (90) days past due will incur a 1.5% per month late fee. Any account that is turned over to collections will incur reasonable collections and/or attorneys' fees.
- ❖ It is the policy of our office NOT to schedule any future appointments for patients with an outstanding balance on their account until that balance is paid.
- ❖ We request that all patients **DO NOT WEAR ANY PERFUMES OR COLOGNES** prior to their dental appointments, as some staff members are very sensitive to these smells.
- ❖ Please let us know if you have any changes in health history, medications, address, telephone, or insurance.

Please do not hesitate to contact us if you have any questions or concerns, as COMMUNICATION is the most important tool in establishing a good relationship.

***"I have read and understand the above information, and agree to comply with the policies stated."***

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian (if minor)

\_\_\_\_\_  
Date