

**NEW ALBANY FAMILY DENTISTRY**  
**68 NORTH HIGH STREET**  
**BUILDING F**  
**NEW ALBANY, OHIO 43054-8532**  
**614-855-0202**

## **OFFICE POLICIES**

- **Your appointment has been reserved for your indicated treatment time. We kindly request that you give us a "48 hour notice" if you to need to cancel your reserved appointment. Failure to cancel or reschedule prior to your reserved time will result in a \$75.00 fee. Not showing or repeatedly canceling your appointments will result in loss of future appointment privileges.**
- **If you have dental insurance, we will give you an "estimated" amount due before we treat you. Please be prepared to pay your estimated amount due at the time of your visit, unless prior payment arrangements have been made.**
- **If your insurance provider does not pay their estimated portion, you will be responsible for any balance remaining.**

**Patients Name:** \_\_\_\_\_

**Patients Signature:** \_\_\_\_\_

**If Minor, Guardians Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_