Whitehall
FAMILY DENTISTRY

Ayham Yacoub, DMD
2123 N. 1ST Avenue, Suite A2
Whitehall, PA 18052
P: (610) 266-1101 F: (610) 266-1170

Whitehall Family Dentistry Office Policy

Insurance Authorization
I authorize my insurance carrier to make payments on my behalf to Whitehall Family Dentistry for all services rendered to me or my dependent. I also authorize Whitehall Family Dentistry to release all information needed in order to bill my insurance carrier for all services rendered. I understand that I will be responsible for all **NON COVERED** charges denied by my insurance carrier, including **deductibles**, **co-payments** and all other **non-covered and none payable services.**

Dental Insurance Policy
Your insurance policy is a contract between you and your insurance carrier. It is strictly the patient's responsibility to know and provide proper insurance information. It is absolutely necessary that the patient/policy holder comes into our office with a dental insurance card and a photo identification along with the subscriber's (Policy Holder) information. It is also important for you to be fully aware of your own insurance policy benefits prior to being seen by the doctor. We will use the information provided to bill your insurance for any services rendered. If the proper information to bill your insurance is not supplied and payment is rejected, you will be billed for the service rendered and payment in full will be your responsibility and is expected to be paid within 30 days of receipt of the billing statement. If your account remains unpaid for a period of 35 days, your account will be placed with our Attorneys/Collection Agency.

Missed Appointments/Cancellation Policy
We reserve your appointment time to ensure you get quality personalized care and attention. We require a minimum of 24-hour notice for any cancelations or rescheduling. Missed appointments without adequate notice deprives other clients of the opportunity for needed dental care. After a **third** missed or canceled **half an hour appointment** within less than 24 hour notice or a **second** missed or canceled **one hour** appointment within less than 24 hour notice, we reserve the right to refuse rescheduling the patient and the patient may be dismissed from our practice at our discretion. There are many patients waiting for treatment, please extend the courtesy to allow them to be seen if you cannot make your scheduled appointment.

Late Arrivals
Because our scheduling system is designed to provide adequate time during each appointment to do necessary procedures, should you arrive more than 15 minutes late we reserve the right to reschedule your appointment if time doesn't allow to serve you.

Financial Policy

A. Payment in full is expected at the time of service. We gladly accept cash, checks, credit/debit cards. Personal Checks (Any checks returned to our office due to non-sufficient funds (NSF) will be charged a fee of $35. If the check is returned a second time another fee of $35.00 will be added as per our bank fee system.

We welcome you to our dental practice and thank you for your reading and understanding of our office policy.

Patient's Name Printed: _____

Patient's Signature: _____
(If under 18 yrs old Parent/Guardian)

Relationship to minor: Mother Father Guardian (Please circle one)

Date _____