



ORAL AND FACIAL SURGERY & DENTAL IMPLANT CENTER
Drs. Fonseca, Parworth, Logan, Hayes, Burgon & Warburton

Surgical Scheduling Policy

At the end of your consultation you will be given quotes for your listed surgical procedure(s). If our office will be filing insurance on your behalf, we will require a deposit (as stated in our Financial Policy). If you do not have insurance for us to file, we will require the quoted fees to be paid in full.

For any Surgeries quoted over \$800.00 a **Reservation Fee of \$200.00** will be collected prior to the scheduling of any Surgical Procedures. This **\$200.00** fee will be applied to your quoted deposit amount (if we are filing insurance on your behalf) or your total surgical fee (if you are a private pay patient).

Failure to arrive on your Scheduled Surgical Date will result in a **\$75.00 No Show** charge added to your account.

This No Show charge will be deducted from your **Reservation Fee** and will be due again before rescheduling your **No Showed Appointment**.

*By signing this, you acknowledge that you have read and understand the above statements

PATIENT OR LEGAL GUARDIAN

TODAYS DATE