



Robert H. Shackelford, D.D.S., P.C.

935 Buford Road
Suite 100
Cumming, GA 30041
(770) 442-8472

Insurance and Office Policies

We appreciate the opportunity to serve you. Becoming familiar with our policies will help us in our working relationship with you.

1. You will be responsible for paying the portion of your bill that your insurance plan does not pay for, i.e. deductibles and percentages, at the **TIME OF SERVICE**.
2. If your insurance denies a claim because it is not covered service under your plan, is a pre-existing condition, or you have a waiting period, you are responsible for payment. This includes denied services that Dr. Shackelford felt necessary to give you the best possible care.
3. Dr. Shackelford is not a participating provider for any insurance companies. We will file your claim; however, **IT IS YOUR RESPONSIBILITY** to read and understand your own policy. Certain procedures may not be covered due to your policy's limitations.
4. Dr. Shackelford recommends the best possible care for you as a patient, not what your insurance dictates.
5. Please be advised that we require 24 hours notice for cancellations. We make every effort to call to confirm appointments; however, if you fail to show for an appointment more than **TWICE**, on the **THIRD** time there will be a charge of \$50.
6. **IT IS YOUR RESPONSIBILITY** to provide us with **CORRECT** insurance information. Many employers change plans at the end of a policy period, and you need to be aware of this.
7. If you carry Delta Dental Insurance, you will be responsible for entire payment at time of service. Delta Dental will **ONLY** send payment to you-the subscriber.

I have read and understand the office policy stated above and agree to accept the responsibility as described.

Signed _____ Date _____