

Stan F. Waggoner, D.D.S.
13499 Wetmore Road
San Antonio, TX 78247
☎ 210-490-7772

We welcome you to our office and appreciate the opportunity to work with you. The following information is provided for your benefit so that we may serve you better.

Initials

_____ 1. **CHANGE OF INFORMATION.** Please provide us with any change regarding your address, phone number, or insurance information as soon as possible.

_____ 2. **CANCELLATIONS.** If you need to change your appointment, be sure to call us at least **24 hours** prior to your scheduled appointment. Failure to notify us of changes with your appointments may result in termination of care with our office.

_____ 3. **INSURANCE.** As you are aware, much of your dental care is subject to the rules and regulations of your individual insurance policy. The staff strives to be as knowledgeable as possible regarding these rules; however, we must deal with many different insurance policies and procedures. Therefore, it is ultimately **YOUR** responsibility to know and understand your particular insurance policies and procedures. This saves time for us all and will help avoid many frustrating situations.

_____ 4. **PAYMENTS.** All applicable fees, deductibles, or patient portions must be paid at the time of your appointment. We accept cash, checks, American Express, Visa, MasterCard, or Discover. There will be a \$20.00 charge for all returned checks.

_____ 5. **NON-COMPLIANCE.** We reserve the right to discontinue care with our office for non-compliance of any of the above policies.

"I, the Guarantor of Payment and Responsible Party, agree to the above policies and agree to the terms regarding payment and payment responsibilities."

Signature

Date

Printed Name

Witness' Sign. & Date