

financial agreement

LEA COUNTY DENTAL LLC

Thank you for choosing us for your dental care.

Dr. Reddy's dental practice commits to policies that reflect his vision of excellence. This commitment is intended to assist you in achieving your optimum level of oral health. In order for Dr. Reddy and his staff to best serve you, it is important that you agree to the following policies:

Treatment Policy-

Dr. Reddy has carefully diagnosed and prescribed your Treatment Plan. Incomplete treatment leads to complications and further disease. Your oral health is important, therefore, Dr. Reddy requests you commit to completing your entire Treatment Plan.

Appointment Policy-

Your appointment is reserved just for you. Understandably, emergencies do occur. If your appointment must be rescheduled contact our office at least ONE BUSINESS DAY prior to your appointment; this must be working hours. If the policy is not followed there will be a cancellation fee of \$30.00 for each appointment missed with out one business day ahead of notice. If you have a 90 minute procedure there will be a 200.00 \$ deposit due at time of scheduling. If you cannot make the appointment give us at least 72 working business hours notice. If you make the appointment the deposit will go toward your visit, if not the money will be charged for breaking the appointment

Financial Agreement-

Dr. Reddy is diligent in providing you with excellent dentistry. In return, he expects you to fulfill your financial obligation promptly and completely also if insurance leaves any balance you will be financially responsible for all of your balance on your account .

Dr. Reddy and his Team are honored that you choose us for your oral health care

Signature