

General Patient Information
HAMPTON ROADS PERIODONTICS & IMPLANTS
Sayward E. Duggan, DDS, MS

Regarding Appointments: I understand that when I make an appointment with the office of Hampton Roads Periodontics & Implants, I am reserving time specifically for myself. **If I need to cancel or reschedule my appointment, I agree to give at least 5 business days' notice. I understand that not giving proper notification will result in a fee being charged to my account.** Consideration will be given in emergent situations.

Regarding Dental Benefit Plans: I authorize the release of any information to all my insurance carriers and the filing of any insurance on my behalf with direct assignment and payment to Hampton Roads Periodontics & Implants. I understand that my insurance policy is a contract between my insurance company and me. As a courtesy, this office will file insurance on my behalf. I understand that I am financially responsible to Hampton Roads Periodontics & Implants for payment of any charges not covered by insurance.

Regarding Account Balance: In the event of default on any payment due to Hampton Roads Periodontics & Implants, I agree to pay all costs of collections including reasonable attorney's fees. A collection fee of 33.3 % is added to all balances forwarded to our collection agency.

By signing below, I acknowledge that I understand and agree to the above statements.

Signature _____ Date _____