



Charles Khoury, DMD, Inc.  
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Dear Patient,

We believe that a clearly defined office policy will allow both you and the doctor to concentrate on the main issue, regaining and/or maintaining your dental health.

**Appointment Policy:**

We ask that all patients be punctual, appointments are based on the time needed for each service. There are often several providers working so we ask that you understand when other patients may be called in before you. We will do our best to stay on schedule but emergencies do happen which sometimes alter our timing. Please help us to serve you better by keeping all scheduled appointments. If you need to cancel appointments after hours, you may leave a message on our answering machine. You may also email us at the address above. We reserve the right to charge any patient who misses his/her appointments without an advanced 24 hour's notice. It is our policy to charge a missed appointment fee based on appointment scheduled and time allotted.

**Financial Policy:**

**PAYMENTS ARE DUE AT TIME OF SERVICE.** If you have insurance coverage, ESTIMATED co-payment is due at time of service. This office will process insurance claim forms for you, and mail monthly statements when necessary. We cannot guarantee that your insurance company will pay for any of the fees you incur. Ultimately payment is the patient's responsibility. Regardless of the insurance company's determination of "usual and customary fees" or amount of assignment, you are responsible for the remaining balance not covered by your insurance company.

Any balance that is not paid within a 90 day period may be subject to late fees and interest charges.

Please let us know if you have any questions or concerns.

***I have read and understand the above policies:***

Patient or Guardian \_\_\_\_\_ Date \_\_\_\_\_