

Catherine A. Bishop, D.D.S.

4720 38<sup>th</sup> Avenue, Suite 1

Moling, IL 61265

Telephone: 309-762-6900

**APPOINTMENT SCHEDULING GUIDELINES:**

We have a patient first philosophy in our office, which means we keep our focus on our patients and their time. When we schedule your appointment, we reserve that time especially for you with the appropriate staff and supplies to meet your needs. As you know, last minutes changes can cause disruption for many people.

**Should you have a need to reschedule, we request that you provide us 48 business hours of notice. This will allow us to find another time that works for you and give your original time to another patient in need. You will also avoid the missed appointment fee. This fee is determined by the amount of time allotted for your appointment and the procedure being done. The minimal fee is \$35.00.**

Keeping your appointment is your most important job as we work together to achieve your optimal dental health. When appointments are missed, it forces the cost of services to rise. Our goal is to keep our fees as reasonable as possible.

We appreciate your support by accepting these guidelines so we can continue to provide quality time and care to you, our valued patient.

**FINANCIAL AGREEMENT:**

We strive to make your care accessible and affordable. Payment for services rendered is due at the time of service and we accept cash, personal check, Care Credit, MasterCard, Visa and Discover.

All past due accounts are subject to a finance charge of 1.5% per month or maximum rate allowed by law. The undersigned responsible party promises to pay for services in accordance with the above terms. If, at any time, for any reason, the undersigned is unable to pay for services when due, the undersigned agrees to pay and authorizes Catherine Bishop, D.D.S. to bill their account finance charges as described above. In the event it becomes necessary for Catherine A. Bishop, D.D.S. to incur collection costs or institute suit to collect any amount due under this agreement, the undersigned promises to be responsible for charges incurred, to pay all additional costs, charges, collection fees and expenses, including reasonable attorneys' fees and costs, if incurred for collection or otherwise and submits to jurisdiction and venue in Rock Island County, Illinois.

**Agreement to Scheduling Guidelines and Financial Agreement:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child's Name (If Minor)