

Mark I. Gutt, D.M.D., P.A.
Periodontics • Implantology • TMJ Disorders

Diplomate of the American Board of Periodontology

Date: _____

POLICIES

Cancellation Policy: I understand that Dr. Gutt and his hygienist do not double book patients. If I cannot make my appointment I must reschedule, or cancel with at least 24 hours notice. If the appointment is for a surgical procedure, I must reschedule, or cancel with at least 48 hours notice. If not, I shall be responsible for the cancellation charge of \$150 per hour booked for the procedure.

Financial Policy: I understand that ultimately, I am financially responsible for payment of my periodontal services to Mark I. Gutt, D.M.D., P.A., regardless of any insurance benefits that I might have. Additionally, I understand that I will be responsible for any fees that might be incurred by Mark I. Gutt, D.M.D., P.A., in an effort to collect any balances due, including fees from collection agencies, attorney's fees, and court costs.

Thank you in advance for you consideration.

I have read and understand the above policies.

Patient's Signature: _____ Date: _____