

Your Copy!

Office Financial Policy

I authorize Dr. Neal R. Levitt, Dr. William E. Zugner and/or Dr. Todd R. Pedersen to submit dental claims to my insurance carrier (if applicable) for dental services performed on me or my dependents in this practice.

If my account becomes delinquent, I understand I will be responsible for all costs, including finance charges, and all legal fees associated in retrieving payment in full.

Office Cancellation Policy

The following has been adopted as a standard office policy regarding missed appointments:

- A. \$30 per hygienist appointment
- B. \$50 per 1/2 hour with the doctor

All missed appointments without 24 hours notice will be charged to your account.

Neal R. Levitt, D.D.S

William E. Zugner, D.D.S.

Todd R. Pedersen, D.D.S.