

Hooper Family Dental

802 Schemmer Dr

Prescott, AZ 86305

928-778-2421

Assignment of Benefits and Cancellation Policy

Cancellation Policy

Our office requires a 24 hour notice of cancellation and / or rescheduling of appointments. A \$40 fee will be applied for all NO SHOW or late cancellation appointments.

Financial Responsibility

All professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance. Necessary forms will be completed to file insurance claims as a courtesy to the patient.

Assignment of Benefits

I hereby authorize and direct my insurance carrier(s), to issue payment directly to Dr. Anson Hooper. Dental services rendered to myself and / or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by my insurance.

Authorization to Release Information

I hereby authorize Dr. Anson Hooper to: (1) release any information necessary to insurance carries regarding of treatment; (2) process insurance claims generated in the course of examination or treatment; (3) allow a photocopy of my signature to be used to process insurance claims for the period of a lifetime. This order will remain in effect until revoked by me in writing.

I have requested dental services from Dr. Anson Hooper on behalf of myself and / or my dependents, and understand that by making this request, I become fully responsible for any and all charges incurred in the course of the treatment authorized.

I further understand that fees are due and payable on the data that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the statement.

Patient /Responsible Party Signature

Date

