



## **DEPOSIT POLICY**

The following policies have been designed to maintain an efficient surgery schedule and ensure the fair distribution of the doctor's surgery time for all of his patients. We hope the policies do not cause insignificant inconvenience and truly appreciate your cooperation.

- ◆ **How much?** A **non-refundable deposit of \$100** in cash, check, or credit card (Visa, MasterCard, Discover, or American Express) **is required to reserve** your desired surgical date, and is **due at the time** of reserving the date of your surgery.
- ◆ **When to reserve space?** You are welcome to make your reservation for surgery on the day of your consultation. If you later realize that work or other scheduling conflicts exist, your deposit will be fully credited toward a more convenient surgery date so long as five business days notice is given.
- ◆ **Rescheduling.** In order to receive full credit for your deposit, please notify our office at least **five business days** prior to your scheduled procedure date. We understand that personal situations can arise unexpectedly and you may reschedule your surgery as often as necessary without penalty provided we receive five business days advance notice.
- ◆ **Final Payment.** Final payments must **be received at the time** of the surgical appointment. We accept cash, money order, bank check, or credit card.

Thank you for placing your trust in Michaud Periodontics & Dental Implants.

**\*\*I certify that I have read this form, fully understand and comply with the financial terms related to my surgical procedure.**

\_\_\_\_\_  
Patient/Guardian

\_\_\_\_\_  
Time/Date

\_\_\_\_\_  
Witness