

**Dr. Ronald W. Britsch**  
**Dr. Ronald W. Britsch Jr..**  
**1301 E. Judge Perez Dr.**  
**Chalmette, La 70043**  
**504-279-4469**

## **OFFICE POLICIES**

1. *Payment is due at the time service is rendered.*
2. *Accepted forms of payment are: Cash, Checks, Visa, Master card, American Express or Discover.*
3. *Any missed appointments without a 24 hour notice, will result in a \$30.00 charge.*
4. *Returned checks will result in a \$20.00 charge.*

### **Insurance**

*Dental insurance is meant to be an aid to help restore the mouth to sound dental health. Insurance benefits are determined by the type of plan chosen by your employer. We are not involved with the insurance carrier in any way. Since dental services are rendered directly to the patient, the patient is responsible for payment according to the following guidelines.*

1. *The initial visit is paid in full by the patient, unless insurance can be verified that visit is covered 100%. (Example: Preventive services)*
2. *The patient must provide this office with complete insurance information. (Example: Group number, Insurance Company address, Telephone number, etc)*
3. *We will handle insurance forms at no charge. However, we do consider the patient responsible for the account.*
4. *The patient's portion of the fee not covered by the insurance company must be paid at each visit.*

Date

(Signature of Patient or Responsible Party)