

Todd D. Manolis, D.D.S.

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CANCELLATION POLICY:

I understand that should I, at any time during the course of my treatment, need to cancel or change my appointment time, I will need to do it 24 hours in advance of the appointment time or be charged for the appointment since it has been reserved for me and without sufficient notice, is unavailable to anyone else.

Signature of patient or guardian if minor and Date

PAYMENT POLICY:

I understand that although my insurance may pay a portion of the cost of the professional services in this office, I am ultimately responsible for the complete payment of the charges for my dental visits. Because of my responsibility and because I realize that prompt payment allows the office to keep its fees as low as possible, I will pay by the visit or follow another payment plan negotiated with the office prior to treatment.

Signature of responsible party and Date