

# KELLY S JANECEK

1498 S Saint Francis Drive, Santa Fe, NM 87505  
505-986-6073

## **CANCELLATION POLICY**

Your appointment is a time reserved for you.

We require at least 48 hours notice should you need to change or cancel your appointment. .

**A fee of \$75.00 will be added to your account to any missed or canceled appointment with less than 48 hour notice.**

Automated messages and calls are a courtesy provided by our office. Please do not rely solely on these reminders to notify you of your scheduled appointment. There can be unforeseen circumstances that may interfere with our ability to contact you. We will do our best to confirm your appointment either by phone, text message or e-mail.

**Please provide current contact information and notify us of any changes.**

## **PAYMENTS**

Full payment is due at the time professional services are rendered.

In the event your account has an unpaid balance greater than 90 days, your account may be turned over to a collection agency. You will be responsible for any fees incurred with this process.

## **DENTAL INSURANCE**

We can assist you by submitting an electronic claim for services rendered as well as provide any necessary supporting documents.

We can also submit prior authorizations for treatment before it is started to assist you in knowing what your dental insurance will cover for a given procedure. **If you would like a prior authorization we ask that you request this as we do not do it on a regular basis.**

## **For Delta Dental Insurance**

We will collect the estimated portion not covered by Delta Dental the day services are rendered unless we are not able to obtain this information through Delta Dental's online portal.

**In the event your insurance company has not made payment for services rendered within 60 days of treatment, the balance will become your responsibility and will be due within 30 days.**

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I have read and agree to the above policies as set forth by Kelly S Janecek, DDS. I understand that they will be enforced as necessary.

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**Patient Signature**

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**Date**

