

**Maria B. Manaloto, DDS, MS**

**Jennifer Litton, DMD, MS**

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**Practice Limited to Endodontics**

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**Office Agreement:**

**(Patients Initials Required)**

- \_\_\_\_\_ I hereby give authorization for payment of insurance benefits, payable to me, to be made directly to Dr. Maria B. Manaloto professional services rendered.
- \_\_\_\_\_ I understand that it is **my responsibility to verify that Dr. Manaloto is a provider of my dental insurance company.**
- \_\_\_\_\_ I also understand that I am financially responsible for all charges, co-payments, co insurance amounts whether or not they are covered by my dental insurance.
- \_\_\_\_\_ In the event of default, I agree to pay finance charge, collection fees, and responsible for all attorney fees.
- \_\_\_\_\_ I hereby authorize this healthcare practice to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the copy.
- \_\_\_\_\_ Patients will be charged \$40.00 for any checks with **Non Sufficient Funds.**

**A Word about Missed Appointments:**

The nature of our practice is to give our patients the utmost in dental care and service in a sterile and professional environment. We make every attempt to see you at your reserved appointment time. However, since we are sometimes faced with emergencies during the day we may run behind schedule. This happens only on occasions so please excuse any delays. We promise to give you the same careful attention and dedicated time.

In fairness to others and to enable us to efficiently plan the day's schedule, it is necessary that you give us sufficient prior notification if you need to reschedule your dedicated appointment time. In the light of this we have established the following protocol:

There will be a charge added to your account for any **missed** or **cancelled** appointments unless we have been given **48 hour prior notice**. This charge will vary depending on the amount of time set aside for your particular appointment. The minimum charge would be **\$75.00**, and **additional charges** are based on the time reserved.

We thank you for helping our office run as smoothly and efficiently as possible for all patients, and by arriving for your dedicated appointment on time.

\_\_\_\_\_  
Patient's Signature / Responsible Party

\_\_\_\_\_  
Date