

**DAVID L. TRAUB, DMD  
8190 ROYAL PALM BLVD., SUITE 205  
CORAL SPRINGS, FL 33065  
954-753-4756**

Thank you for choosing our office for your dental care. We are committed to the success of your treatment. Please review and sign the following office policies.

**FINANCIAL POLICY**

Please understand that payment of your bill is considered a part of your commitment to treatment. Full payment is due at the time services are rendered. For extensive treatment plans, we offer payment plans with prior approval. (If you are using dental insurance to pay for any part of your treatment, please sign insurance agreement.)

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**Initial**

**MISSED APPOINTMENTS**

WE REQUIRE A MINIMUM OF 24-HOUR CANCELLATION NOTICE for appointments you are unable to keep. Our policy is to charge for missed appointments at the rate of a normal office visit. Please consider your schedule carefully when scheduling appointments.

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**Initial**

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES  
AUTHORIZATION AND CONSENT FOR USE OF INFORMATION**

I have received a copy of Dr. David Traub's office's Notice of Privacy Practices, and authorize his office to use my health information for treatment, payment, and healthcare operations, as described in the Notice.

X \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**