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### **Patient Policies**

We truly appreciate you entrusting us with your dental health. We pride ourselves on delivering the highest quality care and level of service to our patients. To achieve our goals we have outlined specific cancellation and financial policies. It is important that you know and understand these policies so we can serve you and all our patients to the best of our ability.

#### **Cancellation Policy**

An appointment in our office is reserved specifically for you with the doctor or hygienist. To give full attention to you, we do not “double book” our schedule. We also leave room in our schedule for “emergency” patients who have urgent needs. Leaving this open space will create minimal impact on patients who have reserved an appointment. **We understand in this difficult economic times you have a commitment to your employer. However we ask that you make arrangements with them in order to keep your scheduled appointment. This is a dental practice that honors the commitment of a scheduled appointment. If we feel we are running behind we value your time and try to contact you of our delay.**

- If you are unable to make your reserved time, we ask you to call our office during business hours **at least 24 hours in advance**. If you have crown and bridge work scheduled **we require 72 hours notice to fill 3-hour appointments**.
- A “no-show” appointment is one where the patient does not call our office or leave a message in accordance with the above guideline.
- On the first cancellation without notice or no-show appointment you will be charged a **cancellation fee of \$30 per hour**.
- After two no-show appointments, you may be dismissed from the practice.
- If you are running late for an appointment, we ask that you call us to keep us informed. This will allow our schedule to flow as smoothly as possible. We will do all we can to adjust our schedule to get you in for your scheduled treatment.

#### **Financial Policy**

We will gladly submit your insurance claims to your insurance company as a courtesy to you. Your insurance policy is a contract between you, your employer, and your insurance company. It is the responsibility of the patient to notify this office of any changes to name, address, phone number and employer. If insurance has changed, it is the responsibility of the patient to present the new insurance card and information at the time of visit. ***Payment is required at the time of service for all charges not covered by your insurance company including co-pay and deductibles.***

I agree that I will be responsible to pay for any portion of the charges not covered by my insurance. If I fail to pay the outstanding balance within (30) days of the due date, I understand that my obligation may be referred to a third-party collection agency and that I will be responsible for any collections fees, interest, and other expenses necessary to collect on my account, including court cost, should legal action be instituted against me.

***I have read, understand and agree to the above cancellation and financial policies.***

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Printed Name*

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