



## **Cancellation Policy**

Office hours are by appointment and we do value your time. This office is a private practice dental office not a dental "clinic." Appointment time is reserved for you alone. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care. When you make an appointment, please be sure that you will be able to keep it.

Our staff makes every effort to be on time for our patients appointments and we ask that you extend the same courtesy to us. **If you are 15 minutes late for your appointment you may be asked to reschedule your appointment.**

Like many offices, this office does call to confirm your appointment. Please make a note of any dental appointments we have scheduled in a place where you will be easily reminded. If you cannot make an appointment as scheduled, please notify the office. **There will be a charge of \$25 per 30 minutes of scheduled time for a broken appointment or cancellation with less than 24 hours' notice for your appointment.** If our staff is successful in filling your appointment time with another patient, there will be no broken appointment charge.

**If you have any questions about our appointment cancellation and no-show policy, please feel free to ask us.**

## **Dental Insurance/Patient Information Changes**

Insurance coverage will be verified on your first visit and we are happy to file your dental insurance for you. Please remember that the information that we receive from your insurance carrier is never a guarantee of payment and nothing is final until full payment is received. **Please note that you are fully responsible for understanding your insurance benefits and you are financially responsible for any denied or unpaid claims/services incurred at our office.**

**Please remember to update our office of any changes to your health history, allergies, medications, and insurance benefits.**

I have read the cancellation policy and dental insurance/patient information changes policy. I understand and agree to these policies.

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Signature of Responsible Party

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Date