



CANCELLATION POLICY

Please make every effort to give us at least a 24-hour notice if you cannot make your scheduled appointment. When you give us 24-hour notice, your reserved time can be made available to another patient. When patients do not show for their appointment or do not give us adequate cancellation notice, we are not given the opportunity to reschedule that time with another patient who has a true dental need.

Failure to give 24-hour advance notice/Broken Appointment

A charge of \$75 will apply.

Definition of "Broken Appointment"

A broken appointment is when you:

* Cancel or reschedule an appointment with less than 24 hours notice

OR

* Do not show up for the scheduled appointment.

FINANCIAL AGREEMENT

Payment in full is required at the time of service. For your convenience we accept check, cash, Visa, and Mastercard. Please note that filing your insurance claim and waiting for your insurance payment is a courtesy that we offer our patients. We have no control over your insurance policy. The entire fee for your treatment is your responsibility if your insurance company chooses not to cover the treatment. We reserve the right to charge \$25 for a returned check, and \$20 rebilling fee on accounts thirty days past due. Collection costs, legal fees, and court costs will be also your responsibility if failing to pay in a timely manner. We appreciate your understanding and consideration.

I have read and understand the above mentioned cancellation policy and financial agreement

Patient's full name: _____

Patient's signature:
(Parent or guardian if minor) _____

Date: _____