

## OFFICE POLICIES

### Confirmations

All appointments must be confirmed 24 hours in advance. We will make a courtesy call the day before your appointment. If we are unable to speak with you, we reserve the right to double-book your appointment. PLEASE CONTACT US 24 HOURS IN ADVANCE TO CONFIRM YOUR APPOINTMENT.

### Cancellations

If any appointment needs to be rescheduled, we require a notice of 24 hours. Any appointments longer than one hour require a notice of 48 hours. This helps us to fill the time with someone who has been waiting for care.

### Policy Fees

Our office policy stipulates that failure to give the required 24 hour notice to cancel or reschedule an appointment will be assessed a fee of \$52.00. The fee for a cancelled surgery will be 20% of the scheduled surgery appointment.

### Failed Appointments/Arriving Late

If you cannot come to a dental appointment, you will need to call the office to schedule a new one. If you cancel the day of your scheduled appointment or fail to show 2 (two) times, we will no longer pre-schedule any of your appointments. You may be seen on a space availability basis only.

If you come more than 15 minutes late for a dental appointment, you may, or may not be seen that day. There may be emergency patients waiting on "standby" who will be seen in your place if you are late by more than 15 minutes.

### Insurance Patients

**If you are utilizing insurance towards dental treatment, we will file on your behalf. Once the insurance claim reaches 120 days from the Date of Service, the balance will be the responsibility of the Patient.**

### Child Care Arrangements

We do not allow children under the age of 15 in the waiting room. As a courtesy to other patients, please make other arrangements for children during your dental visits. Children can be disruptive and unsettling for patients and staff.

### Family Member(s) in Treatment Rooms

In order to provide the highest quality of care, safety and efficiently to our dental patients, all family members and friends are required to remain in the waiting area while dental treatment services are being rendered. This will help ensure safety, infection control and patient confidentiality.

### I HAVE READ AND UNDERSTAND THE ABOVE STATED POLICY.

Thank you for your cooperation and understanding in this matter. Hopefully, we can all work together to improve the availability of dental services to all of our patients.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Printed Name