

PRACTICE POLICIES

Payments

Payment of all fees is expected and appreciated at the completion of each visit. For your convenience, payment by credit and debit cards is available. Patients with insurance benefits will be reimbursed directly by the insurance company.

Confirmations

When an appointment is scheduled we have reserved our time for your treatment. Any reminders made by our staff are a courtesy. We will make every effort to confirm scheduled appointments through phone calls, emails and/or text messages. Please be sure to keep us in mind if you change your email address, phone, work, or cell phone numbers.

Cancellation and Missed Appointment Policy

Our office values your time and our goal is to provide all of our patients with quality dental treatment in a timely manner. We understand that you may need to reschedule an appointment and we simply ask that you notify us no later than **2 business days** prior to your appointment.

Failure to show for a scheduled appointment, late arrivals and last minute cancellations may result in a \$30.00 charge. Our policy enables us to better utilize available appointment time for all of our patients who are in need of treatment.

Thank you for your consideration of our policies and we are glad that you have chosen our office as your oral

| healthcare provider. | | |
|-----------------------------------------------|----------|--|
| I have read and understand the above statemer | ts: | |
| Signature of patient, parent or guardian | Date | |
| | | |

AUTHORIZATION TO SUBMIT DENTAL INSURANCE

I authorize release, to my dental benefits plan administrator and the CDA, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described to the named dentist. This authorization shall continue in effect until the undersigned revokes the same.

| Signature of patient, parent or guardian | Date |
|------------------------------------------|------|