



CLIENT'S NAME: \_\_\_\_\_

### OUR APPOINTMENT POLICY

Your appointment is reserved just for you. It is your time with your doctor, hygienist or team member. We do not “double book” appointments. If you must change an appointment, please give 48 hours notice. **If you fail to cancel your appointment appropriately or do not show up for your scheduled appointment, you will be charged a broken appointment fee of \$35 per hour.** Please help us to better serve you by keeping scheduled appointments.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

### OUR FINANCIAL POLICY

Thank you for choosing us for your dental care. We are committed to the success of your treatment. Please understand that payment of your bill is considered a part of your treatment.

**Regarding Insurance:** You are responsible for payment of your account. We will submit your claim as a courtesy. Please be aware that insurance policies change frequently. We do our best to keep up with these changes to maximize your benefits. In the event your claim is denied, we will do our best to appeal it on your behalf. In some instances, you can be your best advocate as they usually listen to their clients more readily. If however, they do not cover your treatment, you are still financially responsible.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

Thank you for reading and understanding our policies. Please let us know if you have any questions or concerns.