

PRACTICE POLICIES

Our goal is to provide quality dental care in a timely manner. In order to do so we have had to implement a cancellation and no show policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be given to someone who is in urgent need of treatment. We ask that you contact us 48 hours in advance. Cancellations will be documented and can lead to charges if reoccurring.

NO SHOW POLICY

A "no show" is an appointment that was not canceled in advance. No shows inconvenience other patients who need dental care. A no show for a scheduled appointment will result in a fee of \$50 for every hour scheduled.

LATE ARRIVAL

In an effort to serve our patients in a timely manner, we ask that you are on time for your scheduled appointment. In the event you are running late, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule.

CELL PHONE POLICY

As a courtesy to other patients and in an effort to maintain our schedule, we request that cell phones be put away while the doctor, hygienist, or assistant is in the room with you. We also ask that no photos or videos be taken without permission from the doctors or staff.

TREATMENT DOWN PAYMENT

As of 2016, we are now requiring a down payment of \$50 to book a treatment appointment of any length. The down payment will go toward your out of pocket copay, but will be non-refundable if you cancel without 48 hours' notice or no show your appointment.

X-RAYS

We require diagnostic X-Rays every six months or when a doctor deems them necessary to diagnose. We will do our best to inform you if there is a copay associated with these. However, you will be responsible for the copay if your insurance does not cover the cost. We will not be able to see a patient who refuses these services for an appointment of any kind.

I have read and understand the "Practice Policies".

Patient's Name (Printed)

Patient's Signature

Date