

### **Cancellation and “No Show” Policy**

When we book you an appointment, we are setting a dedicated time slot reserved just for you. We ask that if you must re-schedule your appointment, that you please provide us with at least two full business days’ notice. This courtesy makes it possible to accommodate other patients that would like to be seen. **Missed or cancelled appointments with less than two full business days’ notice are subject to a \$75 charge.** This charge is not covered by insurance. In the event of repeated cancellations or missed appointments, the practice policy is to ask the patient to find a different practice\*, at which point our administrative staff will be happy to transfer records upon request by that other office. Note that appointment reminder messages are simply a courtesy reminder. **Your appointment is not contingent on us reaching you to confirm the appointment.**

\* Exceptions will be made for extenuating circumstances, severe illness or personal tragedy.

### **Payment Policy**

Unless prior arrangements have been made, payment is due upon completion of treatment. Please be aware that not all services may be covered by your insurance carrier and every insurance plan has its own unique “quirks” and exceptions. It is the patient’s responsibility to be aware of his/her own insurance benefits and limits and cover the cost of any procedures that are not covered.

It is important to note that we do not have a connection with your insurance company and cannot directly bill your insurance provider. What’s sometimes mistakenly called “direct billing” is actually the “assignment of benefits.” This is when patients ask dentists to accept the reimbursement provided by their dental plan as payment for part of their bill. In return, patients tell their plan administrators to send that benefit directly to their dentist.

### **Patient Consent**

I consent to the electronic sharing of information with my insurance company for the purposes of processing insurance claims and the determination of benefits. Unless other arrangements are made, payment is due at each office visit. Unpaid accounts may be subject to interest. My dental insurance plan is a contract between myself and my insurance company, not between my insurance company and the dentist. I authorize the dentist to treat me and I assume full responsibility for the associated fees.

On occasion, it may be necessary to be referred to another dental office (for example, an oral surgeon or root canal specialist). In such instances, I provide consent for relevant information (including dental x-rays) to be shared with that office.

I am aware that **a minimum of two full business days’ notice** is required to change or cancel an appointment otherwise is subject to a \$75 charge.

I have read and accept the above policies and understand my responsibilities as a patient.

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Signature of patient

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Date