

OUR APPOINTMENT POLICY

Your appointment is reserved just for you. It is your time with your doctor or hygienist. If you must change an appointment, please give 48 hours notice, otherwise we reserve the right to charge a cancellation fee. Please help us to serve you better by keeping scheduled appointments.

(Signature of patient)

(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. We believe that our fees reflect the excellent standards we have set for your care.

We require payment for treatment when it is rendered.

Regarding insurance: You are responsible for payment of your account. We will file your dental claim form as a courtesy to you. Anything that your insurance company does not pay for as estimated by our dental program will be rolled to your private balance and a statement will be issued. If you have any questions regarding your bill, please feel free to contact our office at anytime.

(Signature of patient)

(Date)