How would you like us to contact you?

☐ Home phone _____

☐ Cell phone _____

☐ Email _____

Are you interested in receiving your reminder messages via text? Yes ☐ No ☐

Financial Agreement

Initial _____ Dental insurance is considered an agreement between you and your insurance company; therefore, we can only **estimate** your dental benefits. This is not a guarantee of payment by your insurance company. You are responsible for any charges your insurance company does not pay.

Initial _____ Your out-of-pocket portion and deductibles are due at time of service.

Cancellation and Late Arrival Policy

Please be aware that we need 48 hours' notice to cancel or change your scheduled appointment. We often have patients that are waiting for appointments and 48 hours allows us time to schedule them in. We do understand that 48 hours is not always possible but please let us know was soon as you can. A $50 fee may be charged in cases of missed appointments or short notice cancellations.

When we reserve time for you, we require all of that time to provide you with the best quality work possible. When you are late it decreases our ability to accomplish this. If you arrive more than 15 minutes late, your appointment may be rescheduled in order to meet the needs of those who are on time for their pre-reserved visit. If this happens it will be considered a missed appointment.

Print name _____ I have read the above cancellation policy.

Signature _____ Date _____