

# Our Policies

**Late Show Policy** \_\_\_\_\_ *(Initial if you have read and understand)*

In order for us to seat our patients on time and adhere to finishing treatment in the amount of time scheduled, we are introducing a Late Show policy. We encourage prompt arrival for all appointments otherwise not all treatment will be able to be performed and if the tardiness continues then the appointment will be rescheduled.

**Appointment Policy** \_\_\_\_\_ *(Initial if you have read and understand)*

Effective January 2, 2022, there will be a \$45.00 charge enforced to all no show/cancellation/rescheduled appointment without a 24 hour notice. The courtesy of this 24 hour notice allows us to provide appointment opportunities to our other patients, including you. Thank you for your support.

**Cell Phone Use** \_\_\_\_\_ *(Initial if you have read and understand)*

Due to equipment used in the office and the amount of time that the patient is scheduled for, we ask that our patients refrain from using their cell phone and please set the phone to vibrate while in treatment operatory.

**Insurance Information** \_\_\_\_\_ *(Initial if you have read and understand)*

We understand that changes can occur in regards to our patient's personal information, especially their insurance. We ask that if there are any changes to your Insurance, please let us know in advance so that we can call the new insurance company and make the appropriate changes. Calling the insurance company to find out details about your coverage information takes valuable time that could interfere or postpone treatment that needs to be performed in your scheduled time. If there are any changes that we are not made aware of in advance, then we will proceed with the scheduled treatment as a cash transaction. The treatment cost will be collected up front and we will file your claim to your Insurance and have your Insurance reimburse you your out-of-pocket cost.

Please understand that the implementation of these new policies is so that we can work together to improve your dental experience here at our office. If you have any questions about any of these policies, please feel free to ask one of our wonderful administrative team members.

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**Patient Signature**

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**Date**