

Office Policies

1. When you are here for a professional cleaning with our hygienist, she will help you schedule your next professional cleaning appointment. About two weeks before that next appointment, you will get a reminder to make sure the appointment will still work for you. We need to hear back from you by text message, email or a phone call to confirm your appointment. If we do not hear back from you within 48 business hours of your appointment, we reserve the right to remove your appointment from our schedule. We will notify you of this removal by phone.
2. We require 2 business days notice for any changes to your appointments. This allows us time to offer that appointment to another patient, and it keeps our practice running efficiently.
 1. After 3 short notice cancellations or missed appointments we will no longer be able to pre schedule you for appointments.
 2. You must call the office (not text) to cancel or reschedule appointments. **Our office is closed on Fridays and the weekends. These days do not count towards the 2 business day notice.**
 3. We reserve the right to charge a \$50 fee to your account for any missed appointment or cancellation without a 2 business day notice.
3. Patients who are 10 or more minutes late for a 30-50 minute appointment will be rescheduled. Patients who are 15 minutes late for a 60 minute or more appointment will be rescheduled. This is unfair to the patient scheduled after you.
4. All co-pays are due at the time of service and are payable by cash, check, credit card or Care Credit, unless a financial agreement has been signed.
5. Any account that is more than 3 months delinquent will have a finance charge of 18% computed yearly and added every month until paid in full and will be sent to collections. All future appointments for the family will be removed from the schedule and dismissal from our practice will be considered.
6. A \$25.00 fee will be added to the account for non-sufficient funds checks.

I have read and understand the above information.

Print Name _____

Patient Signature _____ Date: _____