

Update Policy Guidelines of 2022

_____ (initial) **Canceled/ Missed Appointment Policy:**

Please be courteous and call the office immediately if you are unable to keep your scheduled appointment time. **Patients who miss or cancel a scheduled appointment with less than 24 business hours notice will be required to pay a \$50 fee in order to reschedule the appointment.** Patients who arrive more than 10 minutes late for their scheduled appointment time may be asked to reschedule as a courtesy to the next scheduled patient.

_____ (initial) **Updated Insurance information:**

Please have your driver's license and dental insurance card ready for the front office to copy. Failure to update insurance information in a timely manner may result in a delay of payment or increased out-of-pocket expense.

_____ (initial) **Requirement of Copays:**

Please be prepared to pay your copay amount prior to or at the time of your appointment.

By signing below, you acknowledge and agree to the office terms.

Signature

Date

Print Name