



Failed Appointment Cancellation Agreement

So that we may give you the appointment time that best suits your schedule, we ask that you comply with our cancellation/failed appointment policy.

We are committed to keeping your appointment time reserved just for you, and we will do our very best to be consistently on time for that appointment.

If you must change or re-schedule your appointment with us for any reason, please notify our office at least 24 hours prior to your appointment time because other patients need this valuable time. Failure to follow this policy will result in a charge that will be added to your account. The minimum charge will be \$75.00 per hour of appointment time. We really do appreciate your cooperation. Thank you.

Office Policy

Fees charged to patients are the patient's responsibility. Payment is due at the time of the appointment unless other financial arrangements have been made in advance with the Whole Family Dentistry office. Our office is not contracted with any dental insurance companies, as a courtesy we will submit your dental insurance claim for you. Any insurance benefits will come to you directly from the insurance company. Any fees for dental care unpaid after 30 days from original billing date will be charged a monthly service fee and may be turned over to collections.

I have read and understand these agreements.

Name _____ Date _____