

Green Dental & General Cosmetic
Office Cancellation / Confirmation Policy

Dental Appointments

In the recent weeks of mass vaccinations and individuals feeling more confident in scheduling their next dental visit. Our #1 goal in our office remains to provide quality care to all of our patients. When an appointment is scheduled, a reserve block of Doctor's time has been provided for you and/ or your family. We understand your time is valuable and so are your commitments.

We reserve the right to charge a **\$50.00 fee per hour** for any missed or rescheduled appointment that has not been cancelled / rescheduled 48 hours prior to the scheduled time.

Due to high demand for our Saturday appointments, limited spacing is available and a 72 hour notice is required for any cancellation or reschedule appointments. A fee of **\$75 per hour** will be applied. Once a Saturday appointment is missed, another Saturday will not be appointed.

Confirmation/ Late Appointments

All patients that arrive more than **15 minutes late** for a scheduled appointment may be rescheduled. This does not apply if prior arrangements have been made. ALL appointments must be confirmed. Failure to do so will result in the appointment being CANCELLED.

Financial Responsibility

Your signature on this form acknowledges that you, the patient, parent, or legal guardian, agree to bear full financial responsibility for all services provided if;

1. You are determined not to be eligible for insurance coverage.
2. The services are not a covered benefit under your plan.
3. There is a patient portion determined by your insurance plan that is payable at the time of scheduling your reserved appointment.
4. Unpaid past due balances may be subjected to interest charges.
5. We DO NOT guarantee what insurance will cover. We can only provide an estimate.

Please keep in mind, any financial estimates presented to you for dental treatment, is only an **ESTIMATE** of what your insurance company will pay. We cannot guarantee what insurance will pay. **Financing options are available determined by eligibility**

Co-Payments/ Reservation Fee

We will collect either the entire copayment or a portion to reserve an appointment for treatment with the dentist or hygienist.

By signing below, I hereby acknowledge that I have completely read and fully understand Green Dental General & Cosmetic guidelines and policies.

Printed Name: _____ Date: _____

Signature: _____