**APPOINTMENT POLICY Effective 8/19/2011**

To better serve all of our valued patients, we require 48 hours notice for cancellations. Broken appointments or short-term cancellations (within 48 hours) without proper notification can be costly and unfair to other patients who need appointments. In an instance of a cancellation without 48 hours notice or no-show to a scheduled appointment, we reserve the right to charge you a $45.00 fee.

We understand that circumstances may arise where you are not able to be on time for your reserved appointment, if this were to occur, please call to inform us. If you are more than 15 minutes late, we may have to reschedule your appointment in order to provide all of our patients with quality care.

**FINANCIAL POLICY Effective 8/19/2011**

The major objective of this office is to provide you with the best quality dental care available anywhere. This service is based on a friendly and professional understanding between doctor and patient. The following statements are made to acquaint you with our financial policy:

a) We will be happy to assist you in submitting your insurance claims upon completion of treatment. However, the patient needs to realize that the insurance agreement is between the insurance company and the patient, and not with the doctor. Insurance companies determine usual and customary fees in whatever manner they choose. We request those patients with insurance to pay their respective co-payment at the time of service. If there is a balance left after insurance responds, the patient is required to pay that amount.

b) Patients not having dental insurance will be required to pay for service rendered at the time of service.

c) Fees quoted at the initial appointment will normally not increase EXCEPT when appointments are broken or when there are unforeseen circumstances for example: a cavity is one or two surfaces bigger at the time of removal than when your exam was completed.

Please understand that if payment is not made when due, the account may be turned over for collection. You will be responsible for any and all cost associated with the collection procedure, including but not limited to billing costs, collection fees, lawyers’ fees, and court costs.

Thank You,

The Dental Oasis Team

I have read and fully understand the above appointment and financial policy.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_