



PEARLY WHITES  
DENTISTRY

*Our work is our signature.*

## Appointment Policy

So that we may accommodate all of our patient's needs, we would like the courtesy of 48 hours advance notice for changing or rescheduling an appointment; otherwise, a **\$50** fee may be assessed to your account.

**Due to the high demand for Saturday appointments, a one week notice is required for changing or rescheduling Saturday appointments, otherwise, a fee of \$75 may be assessed.**

The treatment that is planned for you is specific to your needs. Our office is prepared for your visit and it is important for you to keep the scheduled dates and times to properly complete your treatment.

---

Print Name

Date

---

Signature

## Acknowledgement and Release

### Financial Policy

Payment is expected at time of service unless other arrangements have been made.

### Insurance

We provide services for our patients with the understanding that they are responsible for payment in accordance with our financial policy. We will prepare and submit forms and reports to assist you in obtaining maximum benefits available, however the dentist's treatment recommendations or fees are not affected by the presence or absence of insurance benefits. Treatment recommendations are based on your dental needs and desires and are not a reflection of your dental benefits. Your dental benefits are a contract between you, your employer and the insurance company.

### Collections

In the event your balance becomes more than 90 days overdue, billing may be turned over to an outside collection agency. The responsible party listed below agrees to pay interest, collection and other legal expenses related to collection of fees owed. Waiver of any breach of this contract at any time shall constitute a waiver of any further term or condition.

---

Print Name

Date

---

Signature