



ANCHOR D E N T A L

Reservation/Cancellation Policy

Our Practice is sensitive to busy schedules. We strive to provide high quality dental care in the most efficient manner possible. Because we value your time, we reserve a place for you to see the hygienist and doctor. Your reservation helps us ensure we utilize your time most effectively and ensures that other patients receive the same quality care that you receive. Your reservation ensures that the time reserved is of supreme quality with our highly credentialed hygienist and doctor. We ask that you review our reservation/cancelation policy and acknowledge this policy with your signature below.

- With your permission, the practice will communicate reservation reminders via text messaging, email, or telephone calls.
- We ask that all new patients arrive at least (15) minutes prior to your reservation time in order to allow for completion of necessary new patient forms.
- We ask that reservation cancellations be made at least 24 hours ahead of the scheduled reservation time.
- The practice understands that emergencies can sometimes arise. Therefore, we will work with you to reschedule your reservation if you must cancel less than 24 hours prior.
- More than (2) broken reservation under 24 hours will result in dismissal from the practice. An appeal can be completed by speaking with the business manager for reactivation.
- If reactivation is completed, and a reservation is missed under 24 hours you will be dismissed from the practice indefinitely.
- The practice reserves the right to cancel your reservation if you are more than ten minutes late for any service.
- The practice reserves the right to modify this policy at any time in the future.

Patient

Date

Representative

Date



ANCHOR

D E N T A L

Financial Policy

We understand dental care can be expensive which is why we strive to be innovative with payment options. Our goal is to remove financial barriers so that you and your family can receive dental care at our practice. We ask that you take a moment to review this policy and acknowledge it with your signature.

- Payment for dental care is expected at the time of service.
- We will strive to verify your insurance benefits prior to treatment. However, your dental carrier only provides us an estimate of benefits. Any remaining balance becomes your financial responsibility.
- We will file a claim on your behalf if the practice is in network with your dental insurance provider.
- Law requires that this practice collect your copay for dental care received.
- It's important to us that our patients have options to pay for their dental care. Our practice provides financing options in the form of Care Credit so that you can pay for your care on a monthly basis. Please ask our team members for questions about details.
- We accept cash, check, Visa, MasterCard, and Discover.
- Returned checks are subject to \$30 fee.
- Account balances greater than 90 days are subject to being forwarded to a collection agency.
- The practice reserves the right to modify this policy at any time in the future.

Patient

Date

Representative

Date