

Sound Family Dentistry, Inc.

Scheduling & Payment Office Policies

Failed Appointments

When a patient fails an appointment, it affects the waiting time for all patients. Due to some patients failing appointments, we've had to create a **firm** policy regarding missed appointments for ***non-established new patients and our current patients***. We are simply unable to hold open appointment times when there is a possibility that the appointment might be missed. Therefore, if the first scheduled appointment is missed, any successive appointments that had been made will be cancelled. We would then schedule one appointment at a time after this.

Canceling Appointments

We request at least 24 hours notice to cancel an appointment. Because of the popularity of high-demand appointments on Saturdays, and late afternoon appointments, we do request 48 hours notice to cancel these appointments.

Failed Appointment Fee

Our office charges a \$50 failed appointment fee. We will make every attempt to confirm your appointment with you, but **ultimately the responsibility to keep an appointment rests solely, with you, the patient**. Our Root Canal Specialist, Dr. Etemad, charges \$100 for broken appointments.

Children's Appointments

Although we understand the difficulty of scheduling dental appointments for larger families, we've found that it works best for parents, kids and staff if only 3 children in a family are seen per day. Also, we have found younger children have better dental experiences if seen first thing in the morning, or right after lunch at 2 pm, so they don't have to wait for their appointment.

Copayment

To help keep our costs reasonable, we will collect your dental copayment on the date of service. Unfortunately, our office is not set up to bill for services rendered.

Insurance

We will try very hard to gather information about your insurance policy as a service to you; however, keep in mind, that this is **your policy** and it is in your best interest to understand the limitations of your coverage. We advise our patients to keep track of benefits left remaining on their policies, so as to not max out their insurance.

SIGNED _____ DATE _____