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Quality, Affordable, Compassionate Dental Care for You and Your Family

Missed Appointment Policy

We do our best to keep the cost of your dental treatment as economical as possible. The appointment you schedule for treatment is reserved for you and your treatment only. When you fail to keep your appointment without providing us with 48 hours notice, another patient who could have been seen was not. This adds to the overall cost of care, as trained personnel and dental facilities are not being used.

As a result we find it necessary to charge a **\$75.00 fee** for missed appointments without 48 hour notice.

In the event that you have three (3) missed appointments, we will be unable to afford to help you as a patient, considering the time we lose each time you fail to keep an appointment.

Initials _____

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF HEALTH INSURANCE
PRIVACY PRACTICES (HIPPA)**

*******You may refuse to sign this acknowledgement"**

I _____, have received /reviewed a copy of this office's Notice
of Privacy Practices on _____.
Date

Printed Name _____ Signature _____

Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice Of Privacy Practices. but
acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify)