



SmileStudio

PRACTICE POLICY

Smile Studio’s goal is to provide quality dental care in a timely manner. In order to do so we have had to implement a cancellation and no show policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of other patients’ needs, please call our office promptly if you are unable to attend an appointment. We ask that you call 36 hours in advance to reschedule/cancel. A no show/no call may result in a cancellation fee. _____ (initial)

LATE ARRIVAL

In an effort to serve our patients in a timely manner, we ask that you are on time for your scheduled appointment. In the event you are running late, please call the office. If you are more than 15 minutes late to your scheduled appointment, you may be asked to reschedule. _____ (initial)

FINANCIAL POLICY

Smile Studio takes pride in providing the best customer service to our patients. Our office will file your insurance for you as a courtesy. It is important to understand your insurance is a third party entity. It is your responsibility as a patient and insurance carrier to know the coverage on your policy. Although every effort is made to ensure we provide you with the most accurate information, estimates given are never a guarantee of payment by your insurance company. THERE MAY BE AN ADDITIONAL BILL AFTER YOUR INSURANCE FINALIZES YOUR CLAIM. All co-pays and account balances are due at the time of service unless a formal payment arrangement is discussed with the front office staff PRIOR to the appointment. _____ (initial)

I HAVE READ AND UNDERSTAND THE PRACTICE POLICY AND MY FINANCIAL RESPONSIBILITY. I ALSO ASSIGN ALL INSURANCE BENEFITS TO SMILE STUDIO.

Patient or Guardian Name (Printed)

Patient or Guardian Signature

Date