



APPOINTMENT - FINANCIAL POLICY

We respect your appointed time and make every effort to stay on schedule. Since we are rarely late, please understand if we are delayed due to a dental emergency.

Our office requires **48 hours' notice** to cancel or change an appointment. Your appointment time is reserved for you and we need sufficient time to schedule other patients who are waiting to be seen. Patients **may be** billed a fee of \$75.00 for **missing more than one appointment** without sufficient advanced notice. This fee will be charged and billed the day the cancellation or failed appointment occurs. Patients who miss three appointments, without sufficient notice within a calendar year, may be dismissed as patients of this office.

CONFIRMATION OF APPOINTMENTS

Our practice has several options to confirm your appointment. Please let us know if you prefer a text, email or both. If neither one of those options work for you, we will give you a reminder call. You can also sign up for Patient Connect 365. Patient Connect give you 24/7 secure online access to your account information. With Patient Connect you can request appointments, pay bills, access procedure history or review insurance information. In addition, you will receive information regarding online specials. Visit patientconnect365.com and get connected!

- I prefer a text and email: phone # _____ Email _____
- I prefer a text only # _____ I prefer an email only _____
- I prefer a phone call only # _____

FINANCIAL POLICY

- Payment in full of the estimated patient portion of fees is due when services are rendered. Patients are always responsible for amounts not covered by insurance, unless WMK has a contractual agreement with plans prohibiting all or a portion of such charges.
- For comprehensive treatment plans requiring multiple office visits, WMK may require a deposit of the total estimated patient portion of the fee at the start of the treatment. Patients may, at any time, elect to pay for their treatment in advance.
- You may discontinue treatment and request a refund at any time. WMK will refund any amount paid for treatment that you did not receive, minus any materials or lab fees. In all cases, account holders with credit balances existing on accounts after 180 days of inactivity and no future treatment scheduled, will be refunded through the original form of payment, except cash payments will be refunded by check.
- In the event there is a credit balance less than \$10.00 it will remain on the account for future treatment unless we are contacted by you. We will send a refund at the time of request.

Patient Signature or Parent/Guardian Signature

Date

Patient(s) Name (please print)