Dr. Tracy Provenghi

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CANCELLATION AND BROKEN APPOINTMENT POLICY A reserved appointment time in any dental office is limited and valuable. It is extremely important that all patients honor their reserved dental appointments. Failure to do so deprives our other patients from receiving their dental care in a timely fashion. Those who fail to keep their scheduled appointments should not penalize the Dentist, our staff, and mainly our other patients. Our dental policy stipulates that failure to give sufficient notice to keep a scheduled appointment will result in a fee being charged. That charge is in accordance with our dental office's broken appointment policy for all of our patients. The patient is responsible for the payment of the charge.

- Cancellation or rescheduling of an appointment with 48 hours notice or more notification-no charge

- Cancellation, rescheduling, or failure to show-up for a scheduled appointment with less than 24 hour notice will be charged the following: $25 for a hygiene appointment $35 for a doctor's appointment Every effort is made to contact patients to confirm. Our staff will contact you 2 days prior to your scheduled appointment to confirm with you. Please understand that this is a courtesy call, text, or email. **DO NOT DEPEND ON THIS.** If we are unable to reach you, your appointment card will serve as your confirmation of the appointment and implies your obligation to be present.

FINANCIAL POLICY we accept cash, checks, money orders, Care Credit, and all major credit cards (Visa, MasterCard, American Express, and Discover). Although we do accept the assignment of most insurance companies, your insurance is an agreement between you and your insurance company. We will do our best to see that you receive your full benefits. Payment for dental service is expected and required at the time of service, unless other arrangements have been made. There is a $35 fee for any check payment returned for non-payment.

LATE PATIENT POLICY Patient who arrive more than fifteen (15) minutes late to their scheduled appointment time may be asked to reschedule as a courtesy to our other scheduled patients.

Patient's Signature: _____ Date: _____

Parent/Guardian (if patient is a minor): _____

Relationship to Patient: _____