



PARTNERS IN PERIODONTICS

DENTAL HEALTH TOGETHER

Cancellation Policy

Each appointment is reserved for you. We consider our patients responsible for checking in 10 minutes before their scheduled appointment time to allow for any necessary paperwork or updating patient information. If you are unable to keep your appointment, we require two “business days” notice (we are closed on Fridays). For surgery appointments we require three “business days” notice.

Any appointment cancelled without the appropriate notice will be assessed a non-refundable fee of \$60 for exams or periodontal maintenance, \$125 for scaling & root planing appointments, and \$300 **PER HOUR** for any surgical appointment (please note a separate fee will be assessed from 3rd party nurse anesthetist). These fees may be updated at any time.

It will be under the discretion of the office to decide if in the event of an emergency or illness, the cancellation/broken fee may be waived.

I have read and understand the above cancellation policy.

Printed name of patient or guardian

Date

Signature

Acknowledgement of Receipt of HIPAA and Privacy Policy

I acknowledge that a copy of the Notice of Privacy Practices has been made available to me. I have been given the opportunity to ask questions I may have regarding this notice. I understand that the HIPAA Privacy Policy may be updated or modified at any time and the most current version is available at the front desk. In accordance with HIPAA laws I give the following people permission to my protected health information:

Printed name of person

Relationship

Printed name of person

Relationship

Printed Name of Patient/Guardian

Date

Signature