



## POLICIES AND AUTHORIZATIONS

### **Appointment Cancellation Policy**

At Watermark Dental, the time scheduled for your dental appointment is yours alone. We only double book for emergency appointments. Consequently, when an appointment is canceled, especially at the last minute, our entire practice is affected. We understand that cancellations are sometimes unavoidable, but the scheduling time lost is costly to any practice.

We utilize emails and text messaging to remind you of upcoming appointments. A reminder is sent two weeks prior to your appointment so that you may choose to reschedule if needed. And on the day before your appointment, an additional email and/or text message is sent, allowing you to confirm the appointment by email or a return text message response.

Since we schedule our routine exams and cleanings six months in advance, it can be difficult to reschedule an appointment on short notice. We strive to provide the very best dental care to all of our patients and ask that you make changes to your appointments dates as soon as practical.

We value your time...please offer the same respect by giving at least one full business day of advanced notice when you need to cancel an appointment so that we can offer that time to other patients.

**Because of the costs involved in having the appointment time available for you, there is a missed appointment charge of \$45 per forty-five minutes of appointment time scheduled, if we do not receive that advanced notice and you miss your appointment or arrive too late to be seen for a scheduled appointment. Any charges must be paid prior to scheduling the next appointment.**

### **Financial Responsibility**

It is the patient's responsibility to know what their insurance will or will not cover. By signing this disclaimer, I accept responsibility for payment of any and all expenses that are not covered by benefits of my insurance. I agree that, if for any reason, my insurance company fails to reimburse any portion of a claim for services at this office it is my responsibility to pay what is owed to Watermark Dental. Please note that quotes obtained for services are not a guarantee of coverage. Co-pays are due at the time of service.

### **Authorization to submit insurance claims**

I authorize Watermark Dental to submit my insurance claims for payment of services rendered to me. This includes submission of x-rays, treatment notes or any other information requested by my insurance company.

***I have read the Appointment Cancellation Policy, Financial Responsibility and Authorization to Submit Insurance Claims, and agree to the terms outlined above.***

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_