



NORTHERN DENTAL GROUP

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Financial and Cancellation Policy

Financial:

Payment for all procedures is expected in full on the date of service. We accept Cash, Checks, Visa, MasterCard, Discover and Care Credit as forms of payment. We do not offer any in-house financing or payment plans. We are happy to bill your insurance company on your behalf. To the best of our ability, we estimate your copayment based on the information given to us, however, the insurance company may pay more or less than we estimated. **In the case that your insurance company pays less than anticipated, the remaining balance is your responsibility.** The balance is expected to be paid in full by the due date on the bill you will receive. If the insurance company pays more than we had estimated, your balance will be refunded.

Cancellation/No Show Policy:

We realize your time is valuable and make every effort to keep you from waiting. As a result, your appointment time in this office is reserved exclusively for you. In order to be respectful of the needs of all Northern Dental Group patients, if it is necessary to cancel or reschedule your reserved appointment we require that you contact our office by 10:00 AM one (1) working day in advance. A no-show appointment occurs when a patient misses an appointment without canceling by 10:00 AM one (1) working day in advance. Failure to be present at the time of a reserved appointment will be recorded in your patient chart as a no show.

- The **first** no show will result in a letter being sent to your home alerting you that an appointment was missed without canceling.
- If there is a **second** no show a second letter will be sent as well as a \$50 deposit will be required in order to re-schedule.
- A **third** no show could result in suspension of services and dismissal from our dental practice.

Families that have reserved several of our appointment times on one day and have a history of no shows may only be allowed to schedule individual appointment time slots.

Please sign below to indicate you have read and understand the above statements. Thank you for your understanding and cooperation.

Date: _____

Signature: _____

Printed Name: _____