



NORTHERN DENTAL GROUP

William R. Gillette, D.D.S. • Eric J. Hayhurst, D.D.S.

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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, American Express 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:

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 within 24 hours of your appointment time. A no-show appointment occurs when a patient misses an appointment without canceling within 24 hours of appointment time. 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 alerting you that an appointment was missed without canceling.
- If there is a **second** no show another 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.

Failure to Confirm Appointment:

You will be notified of your upcoming appointment time by text, email or phone call.

Failure to confirm via text, email or phone call by 3 pm the day prior will result in it being canceled.

Please sign below to indicate that you read and understand the above statements.

Thank you for your cooperation.

Date: _____

Signature: _____

Printed Name: _____