



## APPOINTMENT AGREEMENT

We make every effort to value your time and we schedule your appointment reservation just for you.

We truly appreciate your courtesy of giving us 2 business days notice if you have a conflict with your appointment. We are committed to your oral health and keeping your scheduled appointments allows us to be partners in your dental care.

We ask that you confirm your appointment a minimum of 2 business days prior to your visit. You may confirm via email, text message, or by calling our office during business hours. Failure to confirm your appointment may result in the loss of the time reserved for you and your treatment.

We will not charge for your first missed appointment. However, there will be a \$50.00 charge for a second missed appointment in a twelve month time span. At this time you will be required to make a deposit when scheduling your next appointment. If you keep the appointment the deposit will be applied towards treatment. However, if you fail to keep the appointment the deposit will be forfeited.

**Missed Appointment:** Any appointment the patient does not keep or any appointment the patient cancels/changes inside of 2 business days notice.

It is our philosophy to continue to put our patients first and to make your experience a positive one. Thank you for allowing us to share our appointment policy with you. Please let us know if you have any questions.

### **Appointment Agreement**

- I acknowledge an appointment is a reservation.
- I agree to provide a minimum of 2 business days notice if I need to change my appointment for any reason.
- If I change 2 appointments without the required 2 business days notice in a 12 month span, I acknowledge I may be asked for a deposit at the time of scheduling in order to be appointed.
- I understand that I must confirm my appointment 2 business days prior to my appointment or forfeit the appointment and any and all deposit.

**Patient signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## FINANCIAL AGREEMENT

Thank you for choosing **Sautter Family Dentistry** as your dental provider. Please understand that a financial agreement is an important part of the provider-patient relationship.

### Insurance

We file insurance claims as a courtesy to you at no charge, and although we are on several Preferred Provider lists, **any insurance company can designate a procedure as "not covered"**. The ultimate responsibility for payment for services is with you. When the Explanation of Benefits is received, our office will notify you by mail if your plan denied the procedures or paid less than we had anticipated. Once the annual maximum is reached, **you are fully responsible for ALL treatment completed.** Even a preauthorization of services does not guarantee payment from your insurance carrier. We have found that patients who are involved with their claims process are more successful at **receiving prompt and accurate** payment services from their insurance carrier. Please know that we will never alter nor compromise the way that we care for our patients or the treatment that we provide regardless of dental insurance coverage.

**We accept cash, checks, Visa, MasterCard, Discover, and AMEX. We also offer financing of treatment through CareCredit.**

\_\_\_\_\_ Patient  
Initial

### Discounts

In-network patients who are receiving in-network fees are prohibited from receiving any additional discounts. A 5% discount only applies to out-of-network/non-insurance patients whose **treatment is paid in full by cash or check.**

\_\_\_\_\_ Patient  
Initial

I have read and understand the above financial agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Insured or Authorized Representative

\_\_\_\_\_  
Date