

Common Sense Financial Agreements & Reservation Policies

We consider all appointments confirmed when they are reserved. We do not double book with anticipation of patients not showing for their needed dental care. Our schedule remains open yet, fully staffed when patients cancel or fail to show the same day of their appointment. We require a 7-day courtesy notice for all non-surgical appointments to reschedule or cancel appoints, which allows us the opportunity to reappoint at a more convenient time for you and have sufficient time to offer your appointment to another patient. Failure to notify us prior to the 7-day window will result in a \$75 cancellation fee for all non-surgical appointments. All surgical appointments require a 7-day advance courtesy notice. Failure to do so will result in a \$100 or 10% of the surgical fee, whichever is greater, for all surgical appointments without 7 days of notice. Cancellations must be made via phone call and during business hours. Messages left on voicemail, via email, or text will be deemed inadequate and assessed the appropriate fee.

Our merchant processor adds a surcharge to all fees paid by credit card. To avoid this fee, please pay cash or use a Debit Card.

Credit card or Debit Card (Circle One) – M/C – Visa – Disc – Amex

Card # _____ CSV: _____

Expiration Date: _____ Your card will be saved in a secure system.

You may refuse to leave a card and not have it stored in our secure system: HOWEVER this will mean you agree that you will be required to pre-pay for all reservations IN PERSON with Cash at the office. We do not accept checks.

You must still sign that you have read our policies and date this form to become a patient of record.

My signature indicates that I have read and agree to the terms. I further understand that any declined payment will result in a \$25.00 service fee. I understand that by signing this document this office has a cancellation fee for all reservations and that this card and any deposit I may have paid/made on my account (regardless of payment source) will be charged in the event that I do not give notice to cancel any reservation per cancellation policies. I can request a copy of these Financial Policies at any time. I understand I have signed or been given in the past (existing patients) or have been sent with this notice (new patient receipt) info regarding the cancellation policy and I will abide by those policies when making reservations. I further understand if I use a credit card, a surcharge will be charged to me by the merchant servicer in addition to the treatment fees. Drake Perio does not keep the surcharge fees.

I understand, that at times that it may not be known if my treatment will change the day of surgery (cracked tooth, new findings, etc), due to this if my treatment plan changes (due to unforeseen circumstances), the office agrees to make me aware of those charges, which I will be made responsible for, and I agree that those charges if not paid by insurance (or if I am self-pay) can be billed to this payment method. I have been instructed to ask any and all questions before signing this agreement which I will abide by.

Guarantor (if other than Patient) Name (Please Print) _____

Signature _____ Date _____

The card that is provided above will be charged on the day of your scheduled **reservation** only if your **reservation** is not **canceled** within the requested notice policy. This card will also be charged for any past due statements on your account.