

# *Drew Scholtz III, DDS.*

*2015 Holton Rd.*

*Muskegon, MI. 49445*

*231-744-4784*

You have reserved a specific time with our office for your dental care. Regular attendance is important to the success of your treatment. If you must cancel a scheduled appointment, it is required that you notify our office as far in advance as possible (24 hours is preferred) so that your appointment time may be filled by another patient. Because of our waiting list and our desire to provide quality care, it has become necessary to develop the following **attendance policy**:

- If you fail to keep a scheduled appointment, you will be charged \$30 per ½ hour.
- If you arrive late for your appointment, you may only receive partial treatment or no treatment depending on time allowed.
- Dismissal from the practice at the discretion of the doctor may occur if cancellations of diagnosed treatment happen repeatedly.

A **cancellation** is defined as a scheduled appointment that a patient is unable to keep, but has contacted the office prior to the scheduled appointment. A **failure to show** is defined as a scheduled appointment that the patient does not attend and **does not** notify the office **prior to** the appointment time.

## **Payment Policy**

Payment is due the day services are rendered, this includes co-payments and deductibles. If you have insurance coverage available, we will assist you in billing if you provide us with the name, address, phone number and any necessary billing information to generate a dental claim. If your insurance company does not send checks directly to our office, you will be expected to pay the amount in full and wait for reimbursement from them.

If a change occurs in your insurance coverage, it is **your** responsibility to notify our office promptly. You will be responsible for non-payment of claims due to changes in policies.

We will not schedule any appointments with an outstanding balance on the account.

Thank you for your cooperation.

Signature & date: \_\_\_\_\_