



APPOINTMENT CONFIRMATION AND CANCELLATION POLICY

To better serve our patients, we utilize a patient communication system which sends appointment reminders through text messages and emails. We understand that circumstances may arise that require an appointment to be rescheduled. We respectfully require a 48-hour notice for cancellation of your reserved dental appointment. We also require a verbal confirmation to keep your reservation.

Last minute cancellations, broken appointments or no shows for your hygiene appointment will result in a \$50/hour broken appointment fee. Because of equipment and material and set up costs, we require a minimum 10% down payment of your total treatment investment at the time of scheduling. Last minute cancellations, broken appointments or no shows on the doctor's schedule will result in a \$125/hour broken appointment fee.

I understand and agree to the above Confirmation/Cancellation appointment policies.

_____ /_____/_____
 Required Patient Signature Date

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of service unless other arrangements were made beforehand. I accept full responsibility for all charges. I understand that filling out a claim with my insurance does not relieve me from any responsibility to my account. It is also agreed that in case of default of payment, I, the undersigned accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees, and / or court costs, if such be necessary.

Initials: _____

CONSENT TO CONTACT CONSUMER BY CELL PHONE

You agree, for us to service your account or to collect monies you may owe, Holley Dental Group and/or our agents may contact you by telephone at any number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I have read this disclosure and agree that Diamond Dental Solutions, and its employees or agents may contact me as described above.

_____ /_____/_____
 Required Patient Signature Date