



1692 Ft. Campbell Blvd., Clarksville, TN 37042

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**FINANCIAL AGREEMENT / CANCELLATION POLICY**

**1. FINANCIAL UNDERSTANDING / AGREEMENT:**

At your appointment, your services will be filed with your insurance as a courtesy and your **ESTIMATED** portion is collected. **PAYMENT IS DUE IN FULL THE DAY OF THE APPOINTMENT** as services are rendered. Each dental insurance policy is different, and it is your responsibility to know and understand your individual benefits. Please note, we are unable to know exactly how much your insurance policy will cover until we receive payment from them in submitted services. If your insurance company does not cover a portion of the treatment performed, you will be responsible for the balance. For your convenience, we accept all major credit cards, checks and Care Credit. **There will be a \$25 returned check fee assessed to your account if a payment is returned to us for any reason.**

**2. CONFIRMATION/CANCELLATION POLICY:**

In order to accommodate our patient's needs, we require ALL appointments to be confirmed 24 hours prior to the scheduled appointment. **If it is necessary for you to change the appointment, please give a 24-48-hour notice so that we may accommodate other patients.** You will be given 1 courtesy when missing an appointment. If you fail a scheduled appointment after our courtesy, a fee of **\$25 - \$75** may be charged. This is based on time we reserve to accommodate you. We respect your time and will make every effort to treat you in a timely fashion. Occasionally an emergency may put us behind schedule. In such a situation we will keep you informed and present you with the option of rescheduling your appointment if necessary. There will be days our schedule will change due to classes for our employees and meetings. You will be notified as soon as we are aware of these instances if we need to reschedule your appointment. Your time is important to us, as ours should be to you.

Please be aware that after 3 missed appointments without a 24-hour cancellation notice, your chart will be placed up for review and you could be dismissed from the practice.

**By signing below, I have read and understand my financial obligation as well as the cancellation policy and agree to abide by this policy.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_