



Riverdale Dental Associates

Appointment Cancellation/ Financial Policy

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have an Appointment Cancellation Policy that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient.

Our Policy is as follows:

We require that you give our office a **FULL business day (24hrs)** notice in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of **\$75.00** will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled without the payment of this fee.

We utilize emails and text messaging to remind you of your upcoming appointments. These reminders are sent out starting 2 weeks prior to your appointment, the week of your appointment and 1hr before your scheduled time to come in. This allows you several attempts to reschedule or cancel an appointment if needed.

Additionally, if a patient is more than 20 minutes late without a prior notice for a scheduled appointment, you may have to reschedule your appointment to a future appointment.

If you have any questions regarding this policy, please let our front staff know and we will be glad to clarify any questions you have.

Our Financial Policy

Payment is due at the time of service. For your convenience, we take Wells Fargo, Care Credit, Checks, Credit and Debit cards. Also, all accounts with an outstanding balance for more than 90 days, will be turned over to a collection agency. If your account is turned over to a collection agency you will then be responsible for a **35% collection fee** on your unpaid balance.

Thank you for your patronage.

I have read and understand the Appointment Cancellation/ Financial Policy of the practice and agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I, _____ (print name), have read and understand Riverdale Dental's Appointment Cancellation/ Financial Policy.

Signature of Patient or Guardian

Date: _____