



DENTAL ARTS GROUP

1136 Hartford Avenue • Johnston, RI 02919

APPOINTMENT CANCELLATION POLICY

Our practice is dedicated to quality care and exceptional service. We respect the importance of your time and we work very hard to schedule appointments that accommodate you and each one of our patients. In return, we ask that patients make every effort not to change reserved dental appointments. If you find that you must change your appointment, we require a 48 hour notice so that we may accommodate another patient, or a \$75 charge will be placed on your account. We understand emergencies happen, therefore, we will waive the \$75 charge one time only. Therefore, patients/parents must leave a credit card on file if they wish to book a future appointment with one of our doctors or hygienists. Dental Arts Group will continue to bill insurance and collect co-pays just like we've done in the past and still will continue to offer payment plans for larger treatment plans and balances.

All card information is kept securely in a program with limited access.

Please check the option(s) most convenience for you to settle your account up to \$75

- Visa Acct # _____ Exp. Date _____
- M/C Acct # _____ Exp. Date _____
- AmEx Acct # _____ Exp. Date _____
- Discover Acct # _____ Exp. Date _____
- Care Credit Acct # _____ Exp. Date _____

I hereby authorize Dental Arts Group to process payments from time to time, as stated above, up to \$75.00 as the office deems necessary, to settle my account in full. This agreement is considered valid until written notification is received.

Signature _____ Date _____

If you continue to miss appointments with our office, you will need to be placed on our short-notice call list or must prepay for your next visit. Thank you for your cooperation.