

# DR. SNYDER

## APPOINTMENT AGREEMENT

Welcome to our wonderful family of patients! Thank you for selecting us as your dental care team. We are confident your relationship with us will be a pleasant and rewarding one! We provide our patients with the best clinical care possible in a warm, caring, and comfortable environment. In order for us to respect the time of all of our patients, we ask that you help us in regard to the appointments that have been specifically reserved for you!

### **PLEASE BE ON TIME FOR YOUR APPOINTMENTS.**

**Your appointment time is reserved specifically for you.** Arrivals of 10 minutes or more past your reserved time will be rescheduled and a fee assessed per scheduled appointment.

### **DEPOSITS**

For certain complex treatment plans we do ask for a deposit to reserve this time for you which is an agreed commitment to keep your reserved appointment time. This deposit will be applied to your portion of your responsibility for the appointment with the balance due at the time of service. If 48 hours' notice is not given for any appointment changes, the deposit would be non-refundable.

### **WE REQUIRE 48 HOURS (business day) NOTICE WHEN CHANGING OR RESCHEDULING.**

This allows us to offer your time slot to another patient who is in need of our care. **If a 48 hour notice is not given or you fail to show up for your appointment at your scheduled time, we will assess a fee.**

\*There is a \$35 charge for returned checks.

**DENTAL INSURANCE:** All services are charged directly to the patient; and patients are personally responsible for payment at the time of service. Our office will prepare the necessary reports to assist you in collecting benefits from your insurance company. We thank you for your understanding and partnership in this matter! My signature indicates that I have read this and agree to its contents.

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**SIGNATURE**

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**DATE**

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**SCHEDULING COORDINATOR**