**Thank you for choosing our office! We look forward to working with you to achieve the overall dental health you desire. Our office strives to be on time for every patient’s appointment. We have the following guidelines in place to help ensure we are giving every patient the appropriate time and attention they deserve.**

~ Please be prompt to your appointment. We strive to be on time for you. If one patient arrives late for an appointment, it affects every patient after you for the day. We do understand things arise, that may require you to reschedule your appointment. In these situations, we ask that you give us a 48-hour notice, so we may arrange to help another patient. In the event you miss your appointment or do not give proper notice, we reserve the right to charge you a fee ranging from $50 -$100 based on the appointment type missed. Multiple last minute canceled or rescheduled appointments will result in being seen same day only as the schedule permits. \_\_\_\_\_ Initial

~ As a commitment to your appointment, a deposit is required to reserve some appointments. The deposit will be applied toward your services for that day, unless you fail (no show) or cancel with short notice (less than 48 business hours), in that event the deposit will serve as your cancelation fee. In doing this, it helps us keep our fees at a reasonable rate for all our patients.  \_\_\_\_\_ Initial

~ As a courtesy to our patients we will file with your primary and secondary insurance on your behalf. Secondary insurance, however, will not be figured into your estimated benefits. We ask that you provide all needed information so that we may verify your eligibility. In the event we are unable to verify your insurance prior to your appointment, you will be responsible to pay for all treatment completed the day of services. Please understand the information given to us is a brief overview of your coverage, we do our best to give you an accurate estimate of your copayment. If your insurance pays less than estimated, it is your responsibility to pay any remaining balance upon receiving your statement. \_\_\_\_\_ Initial

~ Payment is due at the time of service. We accept cash, checks, Visa, and MasterCard. Other financing options are available; if you are interested we will be happy to assist you. \_\_\_\_\_ Initial

~ We strive to handle emergencies promptly. We will work patients in as soon as possible. Dr. Sammons does not phone in medication without seeing the patient first. If a true dental emergency arises, outside of regular business hours, Dr. Sammons may be reached at (317) 506-0754. \_\_\_\_\_ Initial

~ Office hours are: Monday 8:00-5:00, Tuesday 9:00-5:00, Wednesday 9:00-5:00, Thursday 8:00-4:00. Please note that our early morning and late afternoon appointments are highly requested times. In the event you cancel short notice or fail (no show) during those times, we will not be able to offer those appointment times to you in the future. \_\_\_\_\_ Initial

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_