Welcome to Wackford Dental

Dear Patient,

The Doctors and Staff would like to take this time and welcome you to our practice. We thought you might like to know a little more about our policies and how committed we are to achieve patient satisfaction.

As a Wackford Dental patient we would like to go over some of our policies before you are seen:

1. There is a $35 cancellation fee that may apply if a 48 hour notice is not given. This time is especially for you. Any change in the schedule affects many people.
2. If you are more than 15 minutes late, your appointment will have to be rescheduled for another day and the $35 cancellation fee will apply.
3. There is a $25 return check fee. If payment is made by check, verification of funds will apply.
4. If you have insurance we ask that you pay your estimated portion on the day of your appointment.
5. If you do not have insurance we ask that you pay for services on that day in full (we accept Check, Visa, and MasterCard). If this poses a hardship, we will work with you to develop an alternative financial agreement.
6. Having insurance does not guarantee payment. Payment from an insurance company will be determined once a claim is received. The patient is then responsible for all fees not covered by the insurance.

We assure you that a great decision was made by choosing our office. You will experience a relaxing atmosphere and quality dental care. We also guarantee to give you the smile you deserve. By signing below you acknowledge receipt of this letter.

X_____

Patient Signature Date

WACKFORD DENTAL

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