



Cancellation/Financial/Communication Policy

Our goal is to treat everyone in a timely and caring manner. This can only be done, however, with the cooperation of all patients. A broken appointment takes the opportunity away from another patient who could have received treatment at that time. Likewise, arriving late for an appointment negatively affects everyone who is scheduled after you. Please be courteous; arrive on time and provide at least 48-hrs notice if an appointment needs to be changed.

A \$100 non-refundable scheduling deposit will be collected to reserve time for treatment. This deposit will be required at time of scheduling an appointment. Rescheduling, canceling, or failing to show up for your appointment without two full days' notice will result in a loss of your deposit. Deposits will be credited towards your treatment at the time of the appointment. A charge of \$100 will apply for treatment appointments and \$50 will apply for cleaning appointments cancelled with less than 24-hrs notice. Thank you in advance for your cooperation!!!

Payment is due at the time of service, and insurance estimates are only an approximation. You are responsible for any portion your insurance does not cover. No refunds.

Warranties for dental work are only honored for patients in compliance with regular dental exams, cleanings and recommended treatment by Dr. Klassen. Failed dental work due to decay or negligence is not covered under this warranty.

We contact our patients using information given on the Patient Information page you filled out, including voice calls, voice messages, text messaging, email, and postal service.

By signing below I consent to the methods of communication I provided on my Patient Information form.

I acknowledge that I have received and agree to this office's Cancellation and Financial policies.

Signature: _____ Date: _____