SHEN DENTAL
WE CARE ABOUT PEOPLE

RESCHEDULING AND NO SHOW POLICY

Our commitment to you is that we will make every effort to book an appointment that best suits your schedule. We ask that you respect our time as we respect yours. If you are unable to make your scheduled appointment, please contact us **at least two business days (48 hours)** in advance, so that we will have a chance to make the necessary changes.

If you fail to cancel your appointment or do not show for your appointment, we do reserve the right to charge you a fee for time we have lost. A missed appointment fee of **$ 100.00** will be charged if sufficient notice of 48 hours has not been given. We will require this fee to be paid prior to your next appointment.

I have read the above policy of Shen Dental and fully understand my responsibilities as patients. Please sign and date indicated below.

Signature of patient, parent or guardian: _____ Date: _____

If you have dental benefits (insurance) please read the following and sign

AUTHORIZATION TO SEND INFORMATION TO INSURANCE COMPANIES

I authorize release, to my dental benefits plan administrator and the CDA, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described to Dr. Fisher. This authorization shall continue in effect until the undersigned revokes the same.

CONSENT TO ASSIGNMENT OF BENEFITS

I hereby assign my benefits, payable from claims submitted electronically, to Dr. Fisher and authorize payment directly to him. This authorization shall continue in effect until the undersigned revokes the same.

Signature of patient, parent or guardian: _____ Date: _____