

Danville Dental Group, PLC
31 Mountain View Dr ~ Danville, VT 05828
802-684-1133

Our team strives to provide quality care to all of our patients. In order to do so, we kindly ask that you respect the following policy regarding appointments and insurance.

Appointments:

Our office will mail an appointment reminder postcard one month prior to your upcoming appointment. You will get a second reminder 2 days prior to their appointment. Our office requires **24 hours** notice in the event that you need to reschedule your appointment. If an appointment is missed, or cancelled with less than 24 hours notice, there will be a minimum \$50.00 charge and your appointment may not be rescheduled until the fee is paid. This fee increases for longer appointments.

Late Arrivals:

When a patient arrives late, it impacts every patient who arrives on time after them. If a patient arrives more than **15 minutes late *without* notice**, we will consider their appointment missed and the cancellation fee will be charged.

*In fairness to all patients, this policy is in effect regardless of the reason for the cancellation.
Thank you for your understanding and cooperation.*

Insurance:

I understand that dental insurance is a contract between the patient and an insurance carrier and **NOT** between the dentist and the insurance carrier. Therefore, patients are responsible for all uninsured costs. As a courtesy, claims will be submitted to the insurance carrier. We do not accept Medicaid as a primary or secondary insurance. Pre-treatment estimates will also be submitted to an insurance carrier as a courtesy but is not a guarantee of payment. If you have questions or concerns about your pre-treatment estimate, it is your responsibility to contact your insurance carrier directly.

I, _____ (print name) have read and understand the appointment & insurance policy of this practice and agree to its terms. I understand that copies of this policy are available upon request.

Signature

Date