

Brandon D. Rensch, DDS, PLLC
415 Vick Ave., Raleigh, NC 27612

Financial, Cancellation, and Broken Appointment Policy

We understand that illness, schedule conflicts, emergencies, flat tires, and bad weather do occur. We ask our patients to give us 48 hours notice whenever they cannot keep an appointment. This allows us the opportunity to offer this valuable time to other patients who need an appointment.

Policy and fees:

- Cancellation or rescheduling of an appointment with 48 business hours or more notification results in no charge.
- Cancellation or rescheduling of an appointment less than 48 business hours or no-showing for an appointment may result in a \$75 fee.

Monday appointments must be canceled on the Wednesday prior to prevent a cancellation fee. Tuesday appointments must be canceled on the Thursday prior to prevent the cancellation fee.

Our number one concern is our patients' dental health. Providing services in a timely manner is critical to accomplishing this goal. We also strive to keep the cost of dental services as economical as possible. The appointment you schedule for treatment is reserved especially for you and your treatment only. When you fail to keep your appointment without providing us adequate notice, this adds to the overall cost of care, as trained professionals and dental facilities are not being utilized.

We appreciate your understanding and consideration regarding our appointment policy. If you have any questions or concerns, never hesitate to ask us at CDL Dentistry.

Financial Policy:

To provide you with the best care using the best materials and the time that we need for your visit, our office does not participate in any dental insurance network. As a courtesy to our patients, we are able to file your insurance claim to your provider if we are provided with plan/identification information.

We expect full payment of your appointment as soon as your appointment is completed, unless other arrangements have been made. Your insurance claim will be filed by our office to reimburse you directly for your appointment payment.

We appreciate your understanding and consideration regarding our appointment and financial policy and if you have any questions or concerns, never hesitate to ask us at CDL Dentistry.

I have read, understand, and agree to the above listed policy.

Patient Signature (parent or Guardian if minor)

Date