

**PATIENT POLICIES**

Due to the growing nature of our practice, we are making some policy changes to better serve all our patients. We sincerely appreciate your continued support of our office.

\***Please allow up to one (1) business day** for an assistant to return messages regarding dental questions.

**\*To respect other patients’ time,** we ask that you only be seen for the dental issues for which you were scheduled. If time allows, we may be able to address additional concerns.

**\*If you arrive more than 10 minutes late** for your appointment, you may be asked to reschedule.

**\*We require a 24-hour confirmation on all appointments.**  Any appointments that are not confirmed will be removed from the schedule.

**\*We require a 48-hour notice for cancellation** of a scheduled appointment. Please call the office to reschedule or to remove your appointment. If you are considered a *“no show*” for three (3) missed appointments or have excessive cancellations, we retain the right to dismiss you from our practice.

**It is YOUR responsibility** to contact your insurance company prior to the appointment to verify coverage of your visit.

**\*Copays and past due balances** are due at the time of service.

***I hereby acknowledge I have read the policies listed above, and I understand my responsibilities as a patient of Dr. Liu, Dr. Patel and Dr. Cotton.***

Patient’s Printed Name

Patient’s Signature

Date