

# Graham Family Dental Care

2935 N. Country Club Rd.  
Tucson, Az. 85716  
Email: info@russellegrahamdmd.com  
Office: (520) 327-1205  
Fax: (520)327-1294

## **No Show and Cancellation Policy**

As a courtesy, we kindly remind and confirm your reserved dental appointment. It is our policy to charge a minimum fee of \$50.00 for a No Show appointment. If an emergency arises and you are unable to make the appointment and you call or notify us, it will be reviewed with the Clinical Coordinator and the fee may be waived in some circumstances. Non notification of a missed appointment results in a charge.

Cancellations must be made 48 hours in advance. If the appointment is cancelled the same day there will also be a \$50.00 fee for the late cancellation.

A patient who arrives 15 minutes late for an appointment may need to reschedule the appointment.

We ask patients sign this policy to be kept in your file.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## **Financial Policy**

All fees for dental services are due on the date of treatment. Our office accepts cash, checks, MasterCard, Visa, Discover, and American Express. We offer Care Credit as an option for a payment solution.

I \_\_\_\_\_, agree to pay all finance charges, collection cost, attorney fees and any other cost that may be incurred to enforce collection of any amount outstanding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_