

Privacy Practices and Cancellation Acknowledgement

I have received the notice of Privacy Practices and Cancellation fees. I have been provided an opportunity to review it.

If you have an appointment with Dr. White and cancel within 24 hours or no show on a confirmed appointment, you will be subject to pay 15% of what you would have been charged for your appointment.

If you have an appointment with one of our hygienist and cancel within 24 hours or no show on a confirmed appointment, you will be subject to pay \$25.00 per hour that you were scheduled.

You will not be charged if the reason for canceling is due to emergency or extreme conditions. Thank you for your understanding and cooperation.

Print
name: _____

Signature _____

Date _____