



## Financial Policy

### **Clinic Appointment Cancellation Policy**

Your appointment is reserved especially for you. Should you need to cancel or change the date of your appointment, we require at least 24 hour notice as a courtesy to the provider and other patients seeking appointments. If you are a “no show” or cancel less than 24 hours in advance, you may be charged to a \$50 fee. Please contact our office between 8am-12pm or 1pm-5pm at 503-584-1174 to reschedule or cancel an appointment.

We understand that delays can happen; however, in fairness to other patients if you arrive more than 15 minutes late, we may need to reschedule you for another day. If time permits in the clinic, we may offer you a “stand-by” appointment between regularly scheduled patients.

### **Cancellation and Rescheduling of Surgery**

Schedule represents a complex process of insurance approval which requires significant time and efforts of many staff members. Please check your personal calendar carefully before you select a surgery date. Rescheduling and cancelling surgery adds healthcare administrative cost.

Therefore, there will be a \$100 charge each time a surgery is cancelled or rescheduled. Patients who fail to check in for surgery or who give less than 24 hour notice of cancellation of a scheduled surgery will be charged a fee of \$250. These fees are not applied towards your surgery and will be added as a charge to your account. These fees are not billable to insurance.

### **Sleep Apnea Dental Appliance No Show**

Dental appliances are custom molded to fit your mouth. At the time that the doctor has taken impressions of your teeth, you are fully responsible for payment of the appliance.

I read and understand the above policy.

---

Signature of patient or patient’s legal representative

Date

---

Print Patient name of legal representative

---

Relationship to patient