



4801 W. Peterson Ave., Suite 316

Chicago, Illinois 60646

773-685-9666

Cancellation Policy:

Once a dental appointment has been made, please keep in mind that this time has been reserved especially for you. We require a full 48-hour notice for any appointment changes or cancellations. We reserve the right to charge **\$50.00 per hour for canceled appointments without notice and failed appointments.**

By signing this notice of payment policy and cancellation policy, I am acknowledging that the policy has been read in its entirety. I also understand that payment of this account is my full responsibility, regardless of the amount my insurance company reimburses before or after payment is made.

Patient / Parent / Guardian Signature

Date