



John H. Hamel D.D.S.
Appointment Guidelines

We welcome you to our practice. We provide the most modern, high tech, and comfortable dentistry with compassion and artistry.

1. Please notify us, **prior** to seeing the dentist or hygienist of any changes in address, phone numbers, e-mail address, marital status, medical situation, medications taken, or insurance benefits.
2. A **24 hour** notice is required to cancel an appointment. If we are given less than a 24 hour notice, it is considered a **broken appointment**. A broken appointment **will** require us to charge your account half of the charge of the procedure appointed.
3. To prevent inconvenience to our “**on time**” guests, “**late**” guests may need to be rescheduled. We do not overbook appointments in order to keep your time in our office to a minimum.
4. A parent or guardian must sign for children under the age of 18 years old. The parent or guardian that signs the patient in and/or makes the appointment is responsible for that patient’s account regardless of any divorce/court orders.
5. We ask that all payments be received **at the time services are rendered**. We are happy to file your primary insurance as a courtesy for you, but we do require a valid insurance card. You are responsible for knowing the level and extent of your dental insurance benefits. Please remember that your insurance policy is a contract between you and your insurance company.

I, _____ agree to the above policy.
PRINT Patient or Guardian’s Name:

Signature of Patient or Guardian Date

*Thank you for choosing us. We realize there are many dentists in our area.
It’s a privilege to serve you.*

*Tel: 770.426.9994 * Fax: 770.426.0833
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