



Graystone Family Dental  
3421 Graystone Pl SE  
Conover, NC 28613  
(828)328-3418

## **Insurance and Broken Appointment Policy**

Our Goal is to provide quality individualized dental care in a timely manner. Missed appointments and late cancellations inconvenience those individuals who need access to care. Our office policy regarding missed appointments enables us to better utilize available appointment times for our patients in need of dental care.

**Cancellation of appointments:** In order to be respectful of the needs of other patients, please be courteous and call us promptly if you are unable to show up for your appointment as the time will be reallocated to someone who is in need of treatment. If it is necessary to cancel we do require at least 48 hour notice, please call **828-328-3418**. If you do not reach the receptionist, you may leave a detailed message including your name and phone number. We will return your call as soon as possible and give you the next available appointment time. Appointments are in high demand and your early cancellation will give another person the opportunity to be treated.

**No Show or Broken Appointment Policy:** “NO SHOW/BROKEN” is when someone misses an appointment or fails to cancel it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in your record as a missed/broken appointment. We may place you on a same day only schedule if you have more than 2 missed appointments. We have a right to charge for late cancellations or missed appointments.

**Insurance Policy:** To better serve our patients we ask for insurance information to be presented or updated no later than 48 hours prior to scheduled appointment with us. We make every attempt to verify your eligibility and benefits prior to your appointment, which is why we ask for your insurance information prior to your scheduled appointment. If we are unable to verify benefits at least 48 hours prior to scheduled appointment we may ask that you reschedule your appointment or pay the fees for any service completed that day. We will gladly provide you with a statement so that you may present it to your insurance company for reimbursement.

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Patient Signature

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Date

We strive to see all patients on time for their scheduled appointments. However, there are times when our schedule is delayed in order to accommodate an emergency. Please accept our apology should this occur during your appointment time.