



Molly K. Harriss, D.D.S. & Associates  
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## Cancellation Policy

It is patient responsibility to keep all scheduled appointments. We understand that life can happen and this is not always feasible. We request that you please contact us no less than 24 business hours prior to any appointment that you will be unable to keep. Failure to notify us within 24 business hours may result in a cancellation fee. \*\*Please be advised if you are 15 minutes past your scheduled appointment time we may need to reschedule your appointment.

Initial:

## Insurance Disclaimer

Insurance companies **do not** guarantee any payment until they receive an actual claim of services. All treatment estimates are just that... estimates. We try to make every possible effort to give the most up to date information that your insurance company provides to us, however, it is impossible for us to know every exclusion and limitation for every insurance policy. If you have any questions or concerns about a treatment estimate you are more than welcome to contact your insurance for further clarification. We can also send your insurance company a predetermination for services if you so choose. Please be aware that this can take several weeks to get a response from your insurance company.

Initial:

I have read and understand BOTH the Cancellation Policy and Insurance Disclaimer. All questions I have regarding both have been answered.

Patient Signature:  Date: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_

Guarantor Name (If different from Patient): \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_