



Appointment & Financial Agreement

We greatly appreciate your decision to come to us for your dental needs. Our front office team will contact you at least 1 business day prior to your appointment. For your convenience, we also offer email and text reminders. If you would prefer not to receive electronic communications from us, please let us know.

As our patient, and to ensure we deliver exceptional dental care, we are 100% committed to providing quality service in a timely manner to all of our patients. We believe that an important aspect of delivering exceptional dental care requires mutual respect of patient / doctor time, as the scheduled appointment will be reserved for you. Please plan to come in just a few minutes early to each appointment so that we can update any necessary information such as your medical history, dental insurance information, address, phone numbers, etc.

If you have dental insurance, please bring your dental insurance ID card to your appointment. If we are unable to confirm your dental benefits using this information, you will be asked to cover the charges for your services at the time of your appointment.

Missed appointments increase the cost of healthcare for everyone. Our office hours are Monday through Thursday, 7:30am – 4:30pm. In the event that you need to reschedule your reserved appointment, we require a 1 business day notice. Appointments not rescheduled with 1 business day notice will be considered a broken appointment, and a reservation fee of \$50.00 may be assessed per appointed family member and collected prior to scheduling the next visit(s). The reservation fee will be applied toward any future dental treatment, or forfeited if the appointment is broken again. Please contact us at 864-336-8478 if you have any questions.

Thank you for your understanding.

Sincerely,

The Swamp Rabbit Dental Team

I have read, understand, and agree to honor the Appointment & Financial Agreement above. I have also read, understood, and be offered a copy of Swamp Rabbit Dental's Notice of Privacy Practices.

Signature _____

Date _____