

**ACKNOWLEDGEMENT OF BROKEN
APPOINTMENT'S FEE
Medicaid Patients**

Due to an increase in broken appointments without prior notice, we now require a 24 hour notice to cancel or reschedule your appointment. You will be given a courtesy warning the first time. The second time an appointment is broken without a 24 hour notice a letter will be sent to Medicaid in reference to the situation. On the third time, you will be dismissed as our patient and Medicaid will be notified of this action.

I have read and acknowledge the statement above.

Patient's Name

Date

Patient, Parent, or Guardian's Signature

Date

**DENTISTRY DIVINE SMILE, INC.
119 N. 8th St. DEMING, NM 88030**

**ACKNOWLEDGEMENT OF BROKEN
APPOINTMENT'S FEE
Self-Pay and Private Insurance**

Due to an increase in broken appointments without prior notice, we now require a 24 hour notice of cancellation prior to your scheduled appointment. Failing to comply will result in a \$ 25.00 fee that will automatically be charged to your account.

I have read and acknowledge the statement above.

Patients Name

Date

Patient, Parent, or Guardian's Signature

Date

DENTISTRY DIVINE SMILE, INC.
119 N. 8th St
Deming, NM 88030
PHONE: (575)544-8381 FAX: (575)546-0401