

**Benton Family Dental**  
149 Portsmouth Ave.  
Stratham, NH 03885  
(603) 772-3264



## **Cancellation Policy**

- A \$50 deposit is required for all new patient appointments.
- 50% of your copay is required as a deposit when scheduling all basic restorative appointments.
  - A \$100 deposit is required for all crown (or major restorative) appointments.
  - All deposits will be collected at the time of scheduling.
- Your deposit is fully refundable if your appointment is cancelled with at least 48-business hours' notice.
- For new patients:
  - If you decide to move forward with treatment, your deposit may be applied to future appointments.
  - If no treatment is diagnosed, we are happy to refund your deposit once all insurance claims are closed.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## **Consent Form**

I give permission to Dr. Benton and his staff to discuss my care and any financial information with the following individual(s):

**Name(s) and Phone Number(s):**

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If you do not wish to authorize us to speak with anyone regarding your care or financials, please leave the line above blank.

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