



# APPOINTMENT POLICY

WE AIM TO PROVIDE OUTSTANDING DENTAL CARE TO OUR PATIENTS IN A TIMELY MANNER. NO-SHOWS, LATE ARRIVALS, AND CANCELLATIONS INCONVENIENCE NOT ONLY OUR DENTISTS, BUT ALSO OTHER PATIENTS AS WELL. WE ACCEPT, AND UNDERSTAND MISTAKES HAPPEN, APPOINTMENTS CAN BE FORGOTTEN AMID JUGGLING EVERYTHING ELSE LIFE THROWS AT YOU. WE WILL DO OUR BEST TO REMIND YOU AND OFFER OUR FULL SUPPORT TO KEEP TRACK OF APPOINTMENTS.

## **APPOINTMENTS**

ALL NEW PATIENTS ARE REQUIRED TO ARRIVE 10 MINUTES BEFORE THEIR APPOINTMENT TIME TO ENSURE ALL RELEVANT FORMS ARE COMPLETED. ALL NEW PATIENTS WILL BE SENT FORMS PRIOR TO TREATMENT VIA EMAIL. COMPLETING THESE FORMS AHEAD OF ARRIVING AT THE CLINIC WILL HELP TO ENSURE WE CAN SEE YOU IN TIME FOR YOUR APPOINTMENT. FOR ALL GENERAL APPOINTMENTS PLEASE ARRIVE ON TIME. IF YOU ARE RUNNING LATE PLEASE CALL AHEAD SO YOU ARE NOT DISAPPOINTED IF YOU ARE NO LONGER ABLE TO BE SEEN. WE RESERVE THE CORRECT TIME NEEDED FOR EACH APPOINTMENT AND ANY DELAYS HAVE A KNOCK ON EFFECT ON THE NEXT PATIENT AND THE REST OF THE DAY.

## **CANCELLATIONS**

IF YOU ARE UNABLE TO MAKE YOUR APPOINTMENT, PLEASE CONTACT THE PRACTICE VIA PHONE CALL, WHATSAPP MESSENGER OR EMAIL. PLEASE NOTE, WE REQUIRE **48 WORKING HOURS** NOTICE FOR APPOINTMENTS OF LESS THAN 90 MINUTES. ANY APPOINTMENTS OF 90 MINUTES OR MORE REQUIRE **5 WORKING DAYS NOTICE**. PLEASE BE AWARE ANY DEPOSITS PAID WILL BE LOST IF APPOINTMENTS ARE CANCELLED OUTSIDE OF THE SPECIFIED TIME PERIODS OR IF YOU FAIL TO ATTEND AN APPOINTMENT. PLEASE NOTE, THAT APPOINTMENTS BOOKED FOR A MONDAY MUST BE CANCELLED THE THURSDAY BEFORE (ON WEDNESDAY FOR FRIDAYS THAT ARE BANK HOLIDAYS). WE ENDEAVOUR TO ASSIST YOU IN REARRANGING APPOINTMENTS WHERE POSSIBLE AND WOULD ASK THAT YOU PROVIDE US WITH AS MUCH NOTICE AS POSSIBLE TO PREVENT THESE CHARGES BEING INCURRED. IF YOU FAIL/LATE CANCEL THREE APPOINTMENTS, WE RESERVE THE RIGHT TO TERMINATE YOUR TREATMENT

0151 228 2226

PRIMADENTDENTAL.CO.UK

---

# APPOINTMENT POLICY

---

## **SPECIALIST/COMPLEX APPOINTMENTS (CLEAR ALIGNERS, IMPLANT SURGERY, SMILE MAKEOVERS, APPOINTMENTS 90MINS/+)**

IF YOUR APPOINTMENT IS 90 MINUTES OR MORE, ON A SATURDAY, OR YOU ARE SEEING ONE OF OUR DENTISTS FOR IMPLANTS, COMPLEX PERIODONTIC TREATMENT, COMPLEX ROOT CANAL OR CLEAR ALIGNER TREATMENT, YOU MUST PROVIDE A MINIMUM OF **5 DAYS NOTICE** AS THESE LONGER APPOINTMENTS ARE LIMITED AND REQUIRE MATERIALS AND PREPARATION TO ARRANGE.

## **DEPOSITS**

WE KINDLY REQUEST A DEPOSIT, WHICH WILL VARY DEPENDING ON THE TREATMENT YOU HAVE CONSENTED TO. THIS DEPOSIT IS PART OF THE TOTAL TREATMENT COST.

**ALL** APPOINTMENTS REQUIRE AN UPFRONT DEPOSIT TO SECURE THE BOOKING THAT IS REFUNDABLE IF YOU CANCEL MORE THAN 48 HOURS BEFORE YOUR APPOINTMENT AND 5 WORKING DAYS FOR SPECIALIST/ APPOINTMENTS OF 90 MINUTES OR MORE. AS A POLICY, WE KINDLY REQUEST PAYMENT FOR TREATMENT TO BE MADE PRIOR TO ENTERING THE SURGERY ON THE DAY OF YOUR APPOINTMENT.

- NEW PATIENT INITIAL CONSULTATIONS REQUIRE A DEPOSIT OF £59 ON BOOKING
- £100 DEPOSIT FOR ALL GENERAL DENTISTRY OVER £100
- £50 DEPOSIT FOR ALL GENERAL DENTISTRY UNDER £100
- £75 REVIEW APPOINTMENTS
- 50% OF THE TOTAL TREATMENT COST IS REQUIRED UPFRONT FOR TREATMENTS OVER £500
- 50% DEPOSIT FOR TREATMENT INVOLVING ANY LAB DESIGN OR LAB MADE DEVICES/SERVIES
- IMPLANT PLACEMENTS REQUIRE A £500-£1000 DEPOSIT BASED ON COMPLEXITY AND MATERIALS FOR THE SPECIFIC CASE
- FULL ARCH IMPLANT PLACEMENTS REQUIRE THE FULL BALANCE TO BE PAID UPFRONT PRIOR TO SURGERY DAY
- CLEAR ALIGNER TREATMENT TO BE PAID UPFRONT PRIOR TO FIRST ALIGNER FIT APPOINTMENT
- EMERGENCY APPOINTMENTS REQUIRE UPFRONT DEPOSIT OF £75 ON BOOKING

OUR DENTIST'S TIME IS IMPORTANT AND GIVING NOTICE GIVES OTHER PATIENTS MORE OPTIONS TO COMMENCE WITH THEIR TREATMENT.

---

# APPOINTMENT POLICY

---

## REFUNDS

WE UNDERSTAND THAT YOU MAY NEED TO CANCEL YOUR DENTAL APPOINTMENT. YOU ARE ENTITLED TO A FULL REFUND IF YOU CANCEL 48 HOURS/(5 DAYS) BEFORE YOUR APPOINTMENT. IF YOU CANCEL AFTER THAT TIME YOU WILL LOOSE THE FULL DEPOSIT. THIS IS TO COVER LOST APPOINTMENT TIME AND THE DENTISTS CLINICAL TIME WHERE OTHER PATIENTS COULD OTHERWISE OF BEEN SEEN.

IF YOU ARE REQUESTING A REFUND OF A FINANCE APPLICATION, PLEASE WRITE AN EMAIL TO THE CLINIC WITH THE REQUEST. THE CLINIC WILL THEN LIAISE WITH THE FINANCE COMPANY TO ARRANGE YOUR REFUND. THIS MUST BE WITHIN THE COOLING OFF PERIOD OF 14 DAYS.

IF YOU ARE A NEW PATIENT AND REQUIRE YOUR INITIAL DEPOSIT BACK PLEASE REQUEST BEFORE THE 48 HOUR NOTICE PERIOD.

PLEASE ALLOW UP TO 7 WORKING DAYS FOR ALL REFUNDS TO BE PROCESSED.

## MAKING YOU AWARE OF THE FEES

WE WANT YOU TO BE FULLY AWARE OF THE TREATMENT WE ARE PROPOSING, THE REASON WHY WE ARE PROPOSING IT AND OF THE FEES THAT YOU WILL PAY BEFORE TREATMENT STARTS.

WE ALSO WANT YOU TO BE AWARE OF WHEN YOUR FEES WILL BE DUE, IN MOST CASES OUR FRONT OF HOUSE TEAM WILL MAKE YOU AWARE OF THIS AT THE END OF EACH APPOINTMENT.

TO DO THIS WE WILL:

- DISPLAY A FEE GUIDE ON THE WEBSITE, AND MAKE SURE IT IS AVAILABLE ON RECEPTION.
- DISCUSS WITH YOU THE TREATMENT WE THINK IS NECESSARY AND THE REASONS WHY AND PROVIDE INFORMATION LEAFLETS FOR FURTHER INFORMATION ABOUT YOUR TREATMENT.
- PROVIDE A TREATMENT PLAN WHICH INCLUDES ESTIMATED COSTS FOR EACH PATIENT BEFORE TREATMENT STARTS.
- PROVIDE A NEW TREATMENT PLAN WITH UPDATED FEES IF THE TREATMENT NEEDS TO CHANGE FOR ANY REASON.
- WE REVIEW OUR PRICING STRUCTURE PERIODICALLY AND DO SO ON A DISCRETIONAL BASIS.