

THOMAS A. CASPERS, D.D.S.
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FINANCIAL AND CANCELLATION POLICY

Because appointment time is reserved especially for you, a charge will be applied for broken appointments without at least a 48 hour notice of cancellation.

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered and any charges that apply for broken appointments. Payment is due at time of service.

SIGNATURE _____ DATE _____