



Cancelled/Missed Appointments Policy

IMPORTANT INFORMATION CONCERNING MISSED APPOINTMENTS

Your appointment time is for you and you alone, we do not double book appointments! On that note, we are asking our patients to please give our office 48 hours or more notice if you are unable to keep your reserved appointment. We schedule appointments to minimize any waiting on your part. We understand that emergencies arise which may cause you to miss or be late to an appointment and we will take that into consideration. We ask that you call as soon as possible if an emergency arises. If you need to cancel or reschedule an appointment please do so within the above noted time frame or your account will be charged a fee as stated below. Keep in mind; our office hours are Monday & Wednesday from 8:00 to 5:00 with lunch from 1:00 to 2:00 and Tuesday & Thursday from 7:00 to 3:00. We are closed Friday, Saturday and Sunday.

OUR CANCELLATION POLICY IS AS FOLLOWS

Our office policy, include appointments canceled with less than 48 hours notice and also appointments reserved and not kept.

1. **First Occurrence:** A policy letter will be sent to you as a _____ courtesy, however if your appointment is scheduled for 2 or more hours you will be charged as stated below.
2. **Second Occurrence:** A \$50.00 missed appointment fee will be posted to your account.
3. **Third Occurrence:** A \$75.00 missed appointment fee will be posted to your account.
4. **Missed Appointments Thereafter:** A \$100 missed appointment fee will be posted to your account. Also, at this point we reserve the right to place you on our "quick call list" which means you will be offered an appointment time only when an opening becomes available on a daily basis, or we reserve the right to dismiss you from the practice.
5. **Scheduled Appointment for 2 Hours or More:** Appointments scheduled for over 2 hours, such as crowns, bridges, veneers, root canals or long filling appointments will automatically require a 25% deposit to hold your appointment time due at the time of scheduling. You will lose this deposit if you cancel outside of our office policy or if you do not show up for your appointment. In the event of an emergency, the emergency determined by us, your deposit can be applied to the reschedule appointment. (i.e. Last minute business or no childcare **NOT** considered an emergency.)

Thank you for your cooperation in this matter. You are a valued client and we look forward to serving your dental needs. If you have any questions or concerns, please feel free to call our office anytime at 518-0540.

Name

Date

Patient/Guardian Signature:

Date: _____