

Appointment Scheduling & Missed Appointment Policy

Appointments Scheduling

Appointments can be scheduled through our website, by text and over the phone at your convenience. As a courtesy, we are available to schedule your next appointment, reschedule your appointment and provide appointment reminders.

Please call our office to reschedule your appointment as soon as you know there is a conflict. We are **available business days only, Monday through Friday for rescheduling and receiving a cancelation notice.** Any missed appointments within **48-hours** to your appointment are subject to this policy.

Appointments to be rescheduled or canceled **on a Monday, must be called by the prior Thursday** before the appointment time to avoid a fee. Appointments to be rescheduled or canceled **on a Tuesday, must be called by the prior Friday before noon** to avoid a fee. Our business hours are provided below as a reminder.

Monday through Thursday (8am – 5pm)
Friday (8am -12pm)

Missed Appointments

To provide the most available care to our patients, any appointment that has a no show or late cancelation will be assessed a fee and charged to your account. The type of missed appointment causes different conflicts for the office, due to this the missed appointment fees will differ depending on service.

Late-cancelation: Cancelation within the **48-hours** to the appointment.
The first and second **late cancelation will be charged a \$50 fee.**
Any surgical procedures are evaluated by a case-by-case basis.

No-show: No cancelation notice was provided.
The first and second **no-show will be charged a \$50 fee.**
Any surgical procedures are evaluated by a case-by-case basis.

The third missed appointment could result in termination of the dentist /patient relationship.
Any questions you may have regarding this policy please ask our staff.

Please sign and date below your acknowledgement. I have read and understand the appointment scheduling process, the courtesies that are available to me and protocol for missed appointments. I understand and accept that a fee will be charged to my account for missed appointments. I understand that the third missed appointment will result in termination as a patient. I agree to the Appointment Scheduling & Missed Appointment Policy.

Signature of patient

Date

Signature of parent/guardian (if minor)

Date