



PATIENT CANCELLATION & MISSED APPOINTMENT POLICY

In order to provide you and the rest of our patients with the best care possible, we ask that you make every effort to keep your scheduled appointments and arrive in a timely manner. When an appointment is scheduled, that time has been set aside exclusively for you and when it is missed, that time cannot be used to treat another patient. Many offices double or even triple book appointments, as a privately owned practice we choose to not do this. This allows us to run on schedule and provide excellent quality dentistry to every patient.

APPOINTMENT REMINDERS

Our appointment reminder system will send out notifications reminding you of your appointment time. As a courtesy, we ask that you respond promptly to confirm your appointment. If you are unable to make your scheduled appointment, it is important that you give our office adequate notice so we can offer the appointment to another patient. *Remember, it is ultimately the patient's responsibility to remember their scheduled appointments.*

MISSED APPOINTMENT FEES

A missed appointment fee will be assessed for late cancellations and "no-shows". These fees cannot be billed to your insurance company and will be your direct responsibility.

- \$25.00 for missed appointments with the hygienist
- \$50.00 for missed procedure appointments with Dr Gray

If missed appointments become habitual then you may be asked to pay a deposit in order to secure your next appointment with our office. The deposit would be 50% of the total appointment cost and will be credited towards the cost of your treatment or refunded if your insurance covers the charges in full. If an appointment that is scheduled with a deposit is missed then the deposit is non-refundable.

We realize that on a rare occasion, emergencies may arise and we will address these situations with you at that time. Please let us know if you have any questions regarding this policy.

Acknowledgement of Cancellation & Missed Appointment Policy

I have read and understand the appointment policy and agree to the terms described above.

Patient Name _____

Signature _____ Date _____