

**Appointment Cancellation Policy**

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient.

**Our policy is as follows:**

We require that you give our office **48 hours notice** in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of **$60.00** will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Initial).**

Your records cannot be transferred to another dental office without the payment of this fee.

We usually remind you of your appointments 24-48 hours prior to your appointment. **This is done only as a courtesy.** We urge you to use your phone reminders or calendars to remind you of your appointments.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

We thank you for your patronage.

**I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), have received a copy of Dental Zen’s Appointment Cancellation Policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_