

CANCELLATION POLICY

Account # _____

The team at Preferred Dental Practice values your confidence and trust in our office. We have faith that you value the reserved time we have scheduled for you.

If for any reason you must cancel or change an appointment, you must give our office at least **48 hours (two business days) notice** (during business hours) to offer that time to someone else. We respect and value your time and we ask that you do the same for ours. We understand that true emergencies do happen, and we can make special considerations for these situations.

- **1st missed appointment:** If an appointment is missed or cancelled within the 48-hour window, a letter will be sent to your home reminding you of our policy and the effects of your missed appointment. We also reserve the right to charge a missed appointment fee of \$50.00.
- **2nd missed appointment:** A second letter will be sent to your home notifying you of a change in the status of your account. In order to schedule a future appointment, a non-refundable deposit must be made. The deposit will be 50% of the cost of the scheduled treatment, or \$50.00, whichever is greater. Upon arrival, this fee will be credited toward the cost of your treatment. Should you fail to keep the appointment, the deposit is forfeited.

If you choose not to pay the deposit, you have the option of being placed on a short-notice list and will be notified of last-minute scheduling opportunities. This may mean longer wait times for an appointment, however, you will still receive quality service even in the event of an emergency.

- **Further missed appointments:** No appointments can be scheduled ahead of time until the patient's account is placed back in good standing. The doctors reserve the right to end the professional relationship and any further treatment at Preferred Dental Practice.

I have read the above stated policy. I understand and agree to abide by the listed terms.

(Patient Name – Printed)

(Patient/Guardian Signature)

(Date)