

# Appointment Cancellation Policy

PLEASE READ AND INITIAL THE ITEMS BELOW AND SIGN THE BOTTOM OF THE FORM

Our team works hard to provide excellent dental care to all of our children. In an effort to be consistent with this, we have an Appointment Cancellation Policy that allows us to schedule appointments for all of our children in a timely manner. When an appointment is scheduled, that date and time has been specifically reserved for you. When it is missed, we cannot use this time to see other child.

## **Our policy is as follows:**

We require that you give notice to our office **forty-eight (48) business hours** prior to the appointment in the event you need to reschedule your child's appointment. This allows us to give an opportunity to see another child in that scheduled time frame.

**INITIAL** \_\_\_\_\_

If you miss an appointment without contacting our office within the required time, this is considered a missed appointment and a \$50.00 rescheduling fee will be charged to you – This fee cannot be billed to your insurance company and will be your direct responsibility.

**INITIAL** \_\_\_\_\_

If you fail to show 2 (two) times, without notice, we will no longer pre-schedule any future appointments. You may be seen on a space availability basis only or dismissed from the practice.

**INITIAL** \_\_\_\_\_

Additionally, if a patient is more than ten (10) minutes late without prior notice for a scheduled appointment, you may or may not be seen that day. There may be emergency patients waiting on "standby" who will be seen in your place if more than 10 minutes late.

**INITIAL** \_\_\_\_\_

If you have any questions regarding this policy, please let one of our team members in the front desk know and we will gladly clarify any questions that you may have!

I have read and understand the Appointment Cancellation Policy for Tinker Tooth Pediatric Dentistry. I agree to be bound by the terms. I also understand that such terms may be amended from time to time by the office. If you would like a copy of our Appointment Cancellation Policy, please ask one of our team members at the front desk to make a copy for you!

Parent/ Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

