



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.

On time arrival is also an important factor in our office. Change in our schedule can affect many people. Please understand that if you are **15 minutes** late for your appointment, we may have to limit your treatment for that day or reschedule you for another day.

Our office has confirmation protocols in place to help you:

1. We will send out a text or email reminder 1-2 weeks ahead of time.
2. We will send out a 72-hour text or email reminder.
3. If we have not heard back from you via email or text, we will call you 2 days before your scheduled appointment.

PLEASE MAKE NOTE: Our policy is as follows:

We require that you give our office **24 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 **\$35.00 will be charged to you per hour of scheduled appointment**. This fee cannot be billed to your insurance company and will be **your direct responsibility**. No future appointments can be scheduled nor can records be transferred without the payment of this fee. 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 understanding

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 El Dorado Family Dental Appointment Cancellation Policy.

Signature of Patient _____ Date _____