



## **CANCELLATION & MISSED APPOINTMENT 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 a **Cancellation & Missed Appointment 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 (2 business days - Monday - Friday)**, 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 **\$100.00** will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. Fees may be considered for exemption based on emergency. No future appointments can be scheduled nor can records be transferred without the payment of this fee. **All appointment cancellations must be made by calling our office directly at (707) 230-6702.**

Additionally, if a patient is more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the \$100.00 cancellation fee will be charged.

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

We thank you for your patronage.

**I have read and understand the Cancellation & Missed Appointment 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 Redwood Family Dentistry Appointment Cancellation Policy.

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