

FRONT ROYAL DENTAL CARE

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Missed and Late Appointment Policy

Our goal is to provide you with quality dental care in a timely manner. When a patient does not show up for their appointment or cancels too close to their scheduled time, we are unable to offer this time to another patient who desperately needs dental care. For this reason, we have instituted the following policy:

- **Appointment Confirmation:** Please confirm your appointment by the close of business the day before your scheduled appointment. You may do this via our scheduling confirmation system (this system sends texts and emails several days in advance of your appointment), as well as, by phone and email. If you do not confirm your appointment, we may give your appointment to another patient. This will be considered a missed appointment.
- **Timely Cancellations:** If you need to cancel or reschedule your appointment, you must provide **at least 24 hours' notice**. If you need to **reschedule a Monday appointment, please inform us 72 hours in advance** so that we may offer the appointment time to another patient. Cancellations made without appropriate notice will be considered a missed appointment.
- **Missed Appointments:** Patients are allowed **ONE** missed appointment in a **24-month period**. Missed appointments are any time you are scheduled for an appointment and you do not show for that appointment.
- **Late arrival:** If you arrive **10 minutes after** the start time of your appointment, we may need to reschedule your appointment. This will be considered a missed appointment.

A **second missed appointment** will result in a **fee of \$50.00**. This fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled without payment of this fee. You may also be asked to provide your credit card to reserve future appointments and/or pre-pay for treatment. A third broken appointment within the 24-month period may result in dismissal from the practice.

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

Patient or responsible party

Date