

Doss Dentistry

Cancellation Policy/No Show Policy for Hygiene Appointments and Treatment Appointments

1. Cancellation/No Show Policy for Appointments:

- We understand there are times you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from being seen. Conversely, the situation may arise where perhaps another patient fails to cancel and we are unable to schedule you for a visit due to a seemingly “full” schedule. After 3 consecutive No Show occurrences /repetitive cancellations or reschedule appointments, Doss Dentistry may elect to terminate our relationship with you.
- If an appointment is not canceled at least 24 hours in advance you will be charged a \$25 fee. This is not billable through your insurance and will be due before you will be seen again.

2. Scheduled appointments:

- We understand that delays can happen, however we must try to keep other patients and providers on time. If a patient is 15 minutes past their scheduled appointment time, it will be at the provider’s discretion if we will need to reschedule the appointment or go ahead and see the patient.

3. No Show Policy for Extended Treatment Appointments:

- Due to the large block of time needed for some treatment, if a patient No Shows for their Extended Treatment procedure, you will be charged a minimum of \$100 up to a \$250 fee depending on the type of treatment. This is not billable through your insurance and will be due before you will be seen again.

4. Account Balances:

- We will require that all patients with outstanding balances pay at least \$25 on their account before our practice provides any additional services. If a patient cannot make a payment it will be at the providers discretion if they will see them or not. If a patient has a balance that has been sent to collections, they will be required to pay that bill before we will schedule an appointment. All Co-pays WILL be paid up front before a patient will be seen.

Patient/Guardian Signature

Date

Email:

Cell #