



Appointment Policy

We strive to render excellent dental care to you and the rest of our patients. We respect your time and make every effort to keep you from waiting. Every effort will be made to schedule your appointments at times which work best for you. In an attempt to be consistent with this, we have an **Appointment Policy** that allows us to schedule appointments for all patients. Your appointment time is reserved exclusively for you.

Operative appointments scheduled for 90 minutes or longer will require a down payment at the time the appointment is scheduled. The down payment will be \$100. The down payment will be credited towards the treatment performed during that appointment. However, if you, the patient, late cancels or no shows at this appointment, the down payment will not be credited towards treatment.

We require that you give our office **24 hours' notice** in the event that you need to reschedule your appointment. Our office is defining 24 hours' notice as contacting the office by 9:00 am one (1) working day in advance. This allows for other patients to be scheduled into that appointment.

A 'no show' appointment occurs when a patient misses an appointment without canceling by 9:00 am one (1) working day in advance. No shows inconvenience patients who need access to dental care in a timely manner. **Last minute/late arrivals/late cancellations are considered broken appointments.**

Patients are only allowed TWO broken appointments in a 12 month time period. Two broken appointments in a 12 month time period will result in dismissal from our practice. Patients may be seen for 30 days from the date of dismissal for emergency treatment only. If a patient is dismissed from our practice due to broken appointments, the patient's records will be available for release following a signed request by the patient.

How to Cancel Your Appointment

To cancel an appointment, please call our office at 641-932-2729 to speak with an office representative. If you are unable to reach an office representative, please leave a detailed message on our office voicemail.

I have read and understand the Appointment Cancellation Policy of Hometown Family Dental. 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.

Patient's Name

Signature of Patient (Parent or Guardian, if minor)

Date

Relationship to Patient

**26 SOUTH MAIN STREET, ALBIA, IA, 52531
641-932-2729**