

## BROKEN APPOINTMENT POLICY

**Due to an increase in the number of broken appointments at our office, it is necessary to implement a Broken Appointment Policy effective September 24th, 2020.**

At Wallace Family Dental, when we set up an appointment, a specific amount of time is reserved especially for you. Many offices double book appointments to prevent from being financially damaged as a result of a missed appointment. However, double booking appointments does not allow us to give the care and attention needed to provide excellent quality dentistry and for this reason, **we choose not to do it.**

We understand that circumstances may arise that make it impossible to fulfill prior commitments. If you are unable to keep your appointment or need to cancel, we request that you provide us with at least 48 hours notice. This allows us time to fill our schedule with other patients who may be waiting.

### **POLICY AND FEES:**

Cancellation or rescheduling of an appointment, within 48 hours or more notification - no charge.

### **Failure to give 48 hours advance notice:**

- We will allow for **one (1)** cancellation/broken appointment within a 12 month period
- Any additional cancellations/broken appointments within a 12 month period will be charged a fee as follows:
  - o \$30 for a hygiene appointment
  - o \$50 for a doctor's appointment scheduled for an hour or less; an additional fee of \$25 is applied/incurred to those appointments that are scheduled for more than one hour

### **Cancellations/broken appointments are considered:**

- Cancelled or rescheduled appointments **with less than 48 working hours notice (Saturdays and Sundays are not considered working days)**, or
- You do not show up for scheduled appointment

**For all hygiene/preventative appointments after 2nd missed appointment**, the patient will be placed on a short notice list and will be notified when there is a cancellation or opening in the schedule. No hygiene appointments can be scheduled ahead of time until the patient's account is placed back in good standing.

**I have read and understand the above mentioned policy.**

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**Patient Signature (Parent or Guardian, if Patient is a minor)**

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**Date**