



## Appointment Cancellation Policy

In order to allow that best possible care for you, we reserve a specific time just for you, and we make every effort to see you as scheduled. We truly appreciate your promptness, and consideration in not changing your scheduled time. We understand that on occasion last minute schedule changes are unavoidable. It is important to understand that when you make an appointment, you have engaged the services of the professionals at our office. When a patient misses an appointment, they often think that the Doctor has other patients to see. Usually this is not true. When an appointment is missed on short notice or a patient simply fails to keep an appointment three things happen:

1. The patient's treatment is delayed, which in some cases can further complicate the condition.
2. The Doctor and staff must wait for the next patient to arrive before they can resume work or other patient's appointments are delayed.
3. Another patient who needed treatment could have not been seen on that date, because we had that appointment slot reserved for you.

### Our Policy Is As follows:

We require that you give our office **24 hours** notice 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 \$30.00 will be charged to you; this fee cannot be billed to your insurance company and will be in your direct responsibility. No future appointments can be scheduled nor can records be transferred without the payment of this fee. These fees apply for each appointment missed by a single patient.

Additionally, if a patient is more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment because it delays treatment for other patients, and the \$30.00 fee will be charged. These fees apply for each appointment missed by a single patient.

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

We thank you for your understanding.

**I have read and understand the Appointment Cancellation Policy of Westland Dental Group 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 Westland Dental Group.**

I, (Patient Name)\_\_\_\_\_ have read, understood, and agree to the terms of Westland Dental Group Appointment Cancellation Policy and I accept responsibility if I do not follow these terms.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_