



---

## **Appointment Cancellation Policy**

We strive to render excellent dental care to and the rest of our patients. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for and when it is missed, that time cannot be used to treat another patient.

### **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 \$75.00 will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled nor can records be transferred without the payment of this fee.

Additionally, if a patient is more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the \$75.00 cancellation fee will be charged.

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 patronage.

**I have read and understand the Appointment Cancellation Policy of the practice 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 the practice.**

I, \_\_\_\_\_ (print name), have received a copy of Dr. Biedermann's Appointment Cancellation Policy.

---

Signature of Patient

Date