



# Cancellation, Missed Appointment Policy

## 72 Hour Notice

In our continuing efforts to provide quality dental services in a timely and affordable manner, we are finding it necessary to have a broken appointment policy. By instituting the policy we will a void overbooking our schedule to accommodate the amount of patients who fail or cancel their appointments at the last minute. This policy should reduce long waits in the office.

Confirming appointments is done as a courtesy to our patients and we will try to make every effort to contact each patient the day before a scheduled appointment.

An appointment is considered broken for one or more of the following reasons:

1. Failure to show up for a scheduled appointment
2. Canceling an appointment without giving at least 72 hour notice
3. Showing up more than 15 minutes late for an appointment

\* Patients who show a pattern of being 5-10 minutes late more than twice may have their appointment considered broken.

The broken appointment fee is \$50.00 per patient. Managed care plans such as: Delta Care, United, Cigna and Smart Smile have their own broken appointment fees (which are set by their insurance). The broken appointment fee must be paid in cash before we will re-schedule you.

By signing the agreement I understand the policy as defined above and agree to abide by it.

Patient Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If patient is a minor, guardian signature)

## Your signature is necessary for us to:

1. Process all insurance claims
2. Ensure payment for services provided
3. Release medical information to insurance companies needed for the processing fo your claims
4. Release information to other medical and dental providers, including laboratories, when necessary, for your treatment.

I hereby authorize the release of all medical information necessary to process my claims and I authorize release of this same information, when necessary, to other providers rendering medical/dental care, as well as to labs that need my information to make a diagnosis or fabricate an appliance necessary for my treatment.

I assign all medical and surgical benefits, including major medical benefits to which I am entitled, to Smile Now Dental. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

Patient or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name (Printed) \_\_\_\_\_

Witness \_\_\_\_\_