

MALO DENTAL PROSTHODONTICS

CANCELLATION AND NO SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made with less than 24 hours notice, we are unable to offer that slot to other patients.

Cleaning appointments scheduled with the hygienist that are cancelled with less than 24 hour notification may be subject to a **\$50** cancellation fee. Procedures scheduled with the Doctor may be subject to a **\$50 per hr** cancellation fee.

Patients who do not show up for their appointment without a call to cancel an appointment will be considered a **NO SHOW**. Patients who No show more than two times in a 12 month period, may be required to pay for the appointment in advance, in addition to **the \$50/\$150 No show fee**. Depending on the time of arrival, **showing up late may also be considered as a NO SHOW** and therefore may be subject to a charge.

The cancellation and No show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that special unavoidable circumstance may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

Our practice firmly believes that a good doctor/patient relationship is based upon respect and good communication.

Please sign that you understand and agree to this cancellation and NO SHOW policy.

Patient Name (Please print)

Date

Patient or Representative Signature