

## Cancellation and Missed Appointment Policy

Our goal is to provide quality dental care in a timely manner. "No-shows", late shows and cancellations inconvenience those individuals who need access to dental care in a timely manner. This policy enables us to better utilize available appointments for our patients in need of dental care and informs our patients of the policy.

### Cancellation of an Appointment

In order to be respectful of the dental needs of other patients, please be courteous and call our office, Schroepfer Family Dental, promptly if you are unable to show for your appointment. This time will be reallocated to someone who may be available during this time. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are high in demand, and your early cancellation will give another person the access to your scheduled time in the event you cannot make it.

### How to Cancel Your Appointment

To cancel appointments, please call us at 715-735-9490. If you should reach our voice mail, please leave a detailed message including your name, phone number and scheduled appointment time. We will return your call as soon as we are able to and can reschedule you to the next available appointment time.

### Late Cancellations

A late cancellation is considered when a patient fails to cancel their appointment with a 24 hour notice.

### No Show Policy

A "no-show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". This includes arriving 15 minutes after your scheduled appointment.

The first time there is a "no-show", late cancellation or cancellation without adhering to our policy, there will be no charge to the patient but it will be documented in the patient chart. The 2nd time will result in a fee of \$35 billed to the patient's account. The 3rd time will result in a fee of \$50 billed to the patient's account and may result in a discharge from the practice.

By checking this box, I acknowledge that I have read the Cancellation and Missed Appointment Policy completely. I understand the fees that could occur would be my responsibility.

Response Date: