**Appointment Cancellation and No-Show Policy**

Most Dental is privileged to provide dental treatment to our patients. We will work diligently to maintain a high level of personalized service and will strive to accommodate our patients’ need for office visits in a timely manner. This requires careful planning and coordination among many individuals in our office. We understand that emergencies arise from time to time, just as they do for us; however, when a patient fails an appointment or cancels without adequate notice, we cannot use that time to meet the needs of other patients. We respectfully request your understanding and agreement to our policy as it is stated below.

**New Patients:** We will give you a reminder phone call within at least 48 hours of your scheduled appointment. New patients who fail or cancel initial appointments with less than 48 hours’ notice prior to the appointment, will be required to pay a fee of $50 for a hygiene visit and $75 for a dentist visit before scheduling another appointment. For Monday appointments, cancellations must be made by noon on the preceding Friday. Cancellations may not be called into our answering service**.**

**Established Patients:** Established patients who fail or cancel appointments with less than 48 hours’ notice prior to the appointment, will receive a letter informing them of the missed appointment and a copy of our appointment policy. A second such occurrence will result in a $50 fee for missed hygiene visits and a $75 fee for missed dentist visits. Fees must be paid before rescheduling and only same-day scheduling will be permitted. A third such occurrence will result in dismissal from the practice. For Monday appointments, cancelations must be made by noon on the preceding Friday. Cancellations may not be called into our answering service. The scheduling parent or scheduling legal guardian of minors who fail or cancel appointments with less than 48 hours’ notice will be held responsible for the missed appointments.

**Fees:** Fees charged by Most Dental pursuant to this policy are not payable by insurance companies. All fees must be paid prior to your scheduling another appointment or within 30 days of a billing statement, whichever is earlier. Your dentist may waive your fee for a good cause. To request your fee to be waived, you must email a written explanation to mostdentallv@gmail.com Please enter your dentist’s name in the subject line of the e-mail. If you do not have e-mail access, you may send a letter to our office.

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