



Missed Appointment Policy

At Fede Family Dentistry, we put our confidence in you to keep your appointment. When we set up an appointment, a specific amount of time is reserved especially for you. Many offices double or even triple book appointments to prevent from being financially damaged as a result of a missed appointment. However, triple booking appointments does not allow us to give the care and attention needed to provide excellent quality dentistry and for this reason we choose to not do it.

If for any reason you must cancel or change your appointment, it is important that you give our office **at least 24 hours' notice** to offer that spot to someone else.

- **1st missed appointment:** If an appointment is missed or canceled within the 24-hour window, a letter or email will be sent to you reminding you of our policy and the effects of your missed appointment. We also reserve the right to charge you up to \$25 for each half hour of appointment time scheduled.
- **2nd missed appointment:** After your second missed appointment, another letter or email will be sent to you notifying you of a change in status of your account. In order for you to schedule a future appointment with our doctors, a deposit must be made. The deposit is 50% of the cost of that appointments treatment or \$50 whichever is greater. Upon arrival, this fee is credited toward the cost of the patient's treatment. If the patient does not show up to the appointment the deposit is non-refundable. If you choose to not pay the deposit you have the option of being placed on a short notice list and will be notified of last minute scheduling opportunities.

For all hygiene / preventative appointments after 2nd missed appointment, the patient will be placed on a short notice list and will be notified when there is a cancellation or opening in the schedule. No hygiene appointments can be scheduled ahead of time until the patient's account is placed back in good standing. The decision to place the patient's account back in good standing lies at the sole discretion of the office manager and/or Doctor.

We understand that true emergencies happen. If this is the case, please provide us with a doctor's note or other adequate proof and the missed appointment will be removed from your accounts record.

I have read the policy above. I understand and agree to abide by the listed terms.

Signature of Financially Responsible Party

Date