

Late and Missed Appointment Policy

At Lincolnway Dental, we put our faith in you to keep your appointment. When we set up an appointment, a specific amount of time is reserved especially for you.

If for any reason you must cancel or change your appointment, it is important that you give our office at least **48 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 will be sent to your home reminding you of our policy and the effects of your missed appointment. We also reserve the right to charge you up to \$75.00 for each half hour of appointment time scheduled.

2nd missed appointment: After your second missed appointment, another letter will be sent to your home 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 appointment's 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.

Late arrival: When we reserve time for you, we require all of that time to provide you with the best quality work possible. When you are late it decreases our ability to accomplish this. If you arrive more than 15 minutes late, your appointment may be rescheduled in order to meet the needs of those who are on time for their pre-reserved visit. If this happens it will be considered a missed appointment.

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

Signature of Financially Responsible Party

Date