

Warren Dentistry
Blaire E. Warren, DDS, PLLC
No Show/Late Arrival Policy

Thank you for trusting Warren General Dentistry with your dental care. When you schedule an appointment with our practice we set aside enough time to provide you with the highest quality dental care. Should you need to cancel or reschedule an appointment, **please contact our office as soon as possible and no later than 24 hours prior to your scheduled appointment.** This will allow us to schedule other patients. No shows disrupt the practice and an unfilled appointment is a lost chance to help another patient.

Please see our **No Show Policy** below, effective **September 1, 2018:**

- . Any established patient who fails to show for their **first** scheduled appointment will be considered a **No Show** and will be mailed a reminder notice.
- . Any established patient who fails to show for their **second** scheduled appointment will be charged **\$50.00.**
- . The fee is charged to the **patient, not the insurance company,** and is due at the time of the patient's next office visit.
- . As a **courtesy,** we make reminder calls for appointments. Reminder post cards are mailed two weeks prior to your scheduled time. If you do not receive a reminder call or post card the above policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our office during regular business hours. Monday through Thursday.

Late arrival: When we reserve time for you, we require all that time to provide you with the highest quality care 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 and understand the Warren Dentistry Appointment Cancellation/No Show Policy and agree to its terms.

Signature of Patient, Parent/Legal Guardian

Relationship to Patient

Printed Name

Date