

## **BROKEN APPOINTMENT POLICY**

At Summit Family Dentistry, we set aside time specifically for you. When you reserve a time with us please make every effort to make your scheduled appointment. We make every possible attempt to notify you of your scheduled appointment 2-business days' prior. When you receive this message, please call us to confirm the time that you have reserved.

If you need to change or reschedule your reserved time, please give us at least a 2-business days' notice so that we can fill this available time for others waiting for treatment. If your appointment time is with us on Monday, please confirm with us by Thursday, etc. Our business hours are Monday, Wednesday from 8:00 am- 5:00 pm and Friday 7:00 am – 3:00 pm.

Broken appointments are any time you are scheduled for an appointment and you do not show for that appointment.

Late cancellations are considered broken appointments. If you need to cancel your appointment, we ask that you please call at least 2-business day before your appointment time.

Late arrivals are also considered broken appointments. If you do not arrive by 15 minutes after the start time of your appointment, we reserve the right to reschedule your appointment. Please understand that we strive to stay on time for your appointment as well as patients that follow you.

If you cancel, fail to show for your confirmed appointment, or you arrive excessively late and treatment cannot be completed as planned a Broken Appointment Fee may apply. The first Broken Appointment/ Cancellation a **will be courtesy and we may require a pre-payment for services scheduled for 90 minutes or more.** The second Broken Appointment/ Cancellation not within 48 hours, we will require a pre-payment to reschedule you. After the third Broken Appointment/ Cancellation, unfortunately **we reserve the right to release you as a patient and ask that you seek treatment at another Dental Practice.**

By signing below, you have read, and understand this agreement.

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Patient Name (Printed)

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Signature of Patient or Legal Guardian

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Date