

19410 8th Ave NE Suite 102 Poulsbo, WA 98370 Phone: (360) 779-1566 | Fax: (360) 779-6879

MISSED & RESCHEDULED APPOINTMENT POLICY

At Wonder Family Dental & Dentures, we put our faith in you to keep your dental appointment. When we set up an appointment, a specific amount of time is reserved just for you. Each of our patients is important to us, so we NEVER double book appointments. When a patient misses his or her appointment, our talented staff and providers sit idle. Just like your time is valuable, our time is also valuable since we are here to take care of our patients.

If for any reason you must cancel or reschedule your appointment, it is important that you give our office at least 2 working days (48 business hours) notice so we have time to offer that spot to a different patient who is waiting for their dental care. Please keep in mind our normal business hours are 9am-5pm Monday through Thursday and we are not open on Fridays. Calling to reschedule or cancel your appointment after hours will not be accepted as proper notice.

- **1st missed appointment**: If an appointment is missed or canceled less than 2 working days (48 business hours), a letter will be sent to your home reminding you of our policy and effects of your missed appointment. We also reserve the right to charge you up to \$80 per each hour of appointment time scheduled.
- 2nd missed appointment: Another letter will be sent to your home notifying you of a change in the status of your account. In order for you to schedule a future appointment with us, a deposit must be made. The deposit is either 50% of the cost of that appointment treatment or \$80 per hour scheduled whichever is greater. Upon arrival, this deposit will be applied toward your account. If you do not show up to the appointment, the deposit is non-refundable. If you did not have a patient portion for your appointment, upon arrival your deposit will be refunded back to you. 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.
- **3rd missed appointment**: After your 3rd missed appointment, another letter will be sent to your home notifying you that you are dismissed from the practice.

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 |