

Appointment Cancellation Policy

Our goal is to provide outstanding dental care to you and all of our patients. In order for us to maintain the highest quality of service and care for everyone, we have an **Appointment Cancellation Policy** that allows us to be mindful and courteous of our patient's time, as well as our doctor and staff time. When an appointment is scheduled that time is set-aside for you, and if it is missed, that time cannot be used to treat another patient.

For this reason, we ask that patients notify us at least 48 hours prior to a scheduled visit if the patient will not be able to keep the appointment.

If the patient fails to give us at least 48 hours notice, it is considered a missed appointment and a **\$50 cancellation fee for every hour allotted to the appointment** will be charged to the patients account. This fee cannot be billed to insurance and must be paid before future appointments are scheduled.

I have read and understand the Appointment Cancellation Policy, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I, _____ (print name), have received a copy of the Prosthodontics of Texas Appointment Cancellation Policy.

Signature of Patient _____ Date _____