

EMERALD FAMILY DENTAL

259 Center Street
Middleboro, MA 02346

Patient Acknowledgement of
Appointment Cancellation Policy

Dear Patient,

Emerald Family Dental has an Appointment Cancellation Policy. A cancellation made with less than a 24-hour notice limits our ability to make the appointment available for another patient in need. We have instituted the following policy:

1. Please provide our office a 24-hour notice if you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left on our voicemail to avoid a cancellation fee being charged.

2. A "No-Show", "No-Call" or missed appointment, without proper 24-hour notification, may be charged a \$50 fee for hygiene appointments. The fee for a missed appointment with the doctor is subject to the length of the appointment.

3. This fee is not billable to your insurance.

4. If you are more than 15 minutes late for your appointment, the appointment will need to be rescheduled.

5. As a courtesy, we make reminders in the form of text messages, e-mails, and phone calls, for appointments, one to three days in advance. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.

6. Repeated missed appointments may result in being put on a call list rather than having a scheduled appointment.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have. A copy of this policy will be provided to you. Please sign and date below your acknowledgement.

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

Printed Name of Patient : _____

Signature of Patient: _____ Date: _____