

Cancellation & No-Show Policy

We appreciate you and understand your time is valuable which is why we make every effort to keep you from waiting. As a result, your appointment time in this office is reserved exclusively for you. We reserve the right to charge patients who do not cancel with adequate notice or who fail to keep their scheduled appointments. To respect the needs of all Broadway Dental Associates patients, if it is necessary to cancel your reserved appointment we require that you contact our office 48 hours in advance. Appointments are in high demand and your early cancellation will give another person the opportunity to access timely dental care.

A 'no-show' appointment occurs when a patient misses an appointment without canceling 48 hours in advance. Missed appointments are an inconvenience to patients who need access to dental care in a timely manner; is inconsiderate to our doctor and team who are left sitting idle. Last minute/late cancellations are considered 'no-show' appointments. We reserve the right to charge for any appointment(s) broken without 48 hours' notice. The charge will be **\$65 per hour** scheduled with the Doctor. These fees are not covered by insurance and are the sole responsibility of the patient. Fees must be paid in full prior to the patient's next appointment. Habitual missed/canceled/rescheduled appointments may result in a patient being required to either pay up front prior to scheduling an appointment or this office may no longer be available to provide dental services for the patient.

Our voice mail is available for messages left after business hours, however if a message is left after business hours cancelling an appointment for the next day this will be subject to our fee. We understand that extreme/unavoidable emergencies or circumstances do arise which may require you to cancel your appointment, and individual circumstances will be taken into consideration.

Our practice firmly believes that good physician/patient relationship is based on trust and good communication. Questions about cancellation and no-show fees should be directed to our Office Manager.

By signing below, I acknowledge receipt of Broadway Dental Associates Cancellation and 'No-Show' Policy.

Patient or legally authorized individual signature

Date

Print name

Relationship to patient