



Cancelled and Broken Appointment Policy

It is our primary goal and responsibility to help our patients obtain good dental health. We wish to direct our time and energy toward obtaining that goal.

It is our sincere desire to be considerate of your time by not “double-booking” or “overbooking” appointments. We reserve time just for you to give you the personal attention you deserve and to minimize time spent in our reception area. It is our hope that our patients will be considerate of our time as well.

We make every effort to contact you to confirm an appointment. Unless we are contacted by you to confirm, cancel or reschedule an appointment in advance. We consider your reserved appointment time as confirmed.

In an effort to establish daily schedules that are efficient as well as considerate of your time and ours, we have adopted the following policy regarding broken and late cancelled appointments:

1. A late cancellation is defined as any scheduled appointment that a patient cancels without giving at least 48 hours advanced notice.
2. A broken appointment is any appointment which a patient fails to keep or arrives late.
3. Two late cancellations may result in a charge to the patient and/or legal guardian.
4. One broken appointment will not incur a charge, however the second one and each one after will incur a \$50 charge for a hygiene appointment and \$100 per hour for Dr. Kirol’s time if you are scheduled for dental treatment.
5. Insurance does not cover broken or missed appointment fee’s they are the patient’s responsibility.
6. Multiple late cancellations and/or broken appointments may result in your ineligibility for future care in our office and may require a nonrefundable deposit when making an appointment.
7. We realize that circumstances sometimes arise on short notice which may result in the necessity to cancel an appointment. When such circumstances occur, we will exercise discretion in the decision to charge a fee.

Thank you for your consideration and cooperation.

Name of patient (print): _____

Signature of patient or guardian: _____

Date: _____