



YATES CENTER

DENTAL AND ORTHODONTICS

Dr. Matthew Standridge

CANCELLATION AND NO SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hour notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24 hour notice, we are unable to offer that slot to other people.

Office appointments which are canceled with less than 24 hour notification may be subject to a **\$35.00 Cancellation Fee PER HOUR RESERVED for their appointment.**

Patients who do not show up for their appointment without a call to cancel an appointment will be considered a **NO SHOW**. Patients who No-sho two (2) or more times in a 12 month period, may be dismissed from the practice thus they will be denied any future appointments. Patients may also be subject to a **\$35.00 fee PER HOUR RESERVED for their appointment No Show Fee.**

The Cancellation and No Show fee are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

We understand that Special unavoidable circumstances may cause you to cancel without 24 hour notice. Fees in this instance may be waived but **only with Management approval.**

Our practice believes that a good patient/doctor relationship is based upon understanding and good communication.

Please sign that you have read, understand and agree to this **Cancellation and No Show Policy.**

Patient Name (Please Print)

Date of Birth

Signature of Patient / Guardian

Date