



## APPOINTMENT POLICY

Our goal at New Haven Dental is to provide quality dental care in a timely manner. In order to do so, we ask that patients adhere to our cancellation and no-show policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

We do our best to remind you of your scheduled appointments via e-mail, phone, and text messages. These friendly reminders allow you the ability to confirm your dental appointment(s) or request a callback from one of our team members to reschedule and avoid a missed appointment fee. You may update your contact preferences at any time by notifying our office.

**CANCELLATION OF AN APPOINTMENT:** In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be given to someone else who is in need of treatment. We ask that you contact our office one day (24 hours) in advance to cancel or reschedule your appointment. For repeated and constant rescheduled appointments, you will be required to pre-pay 50% of your treatment cost before reserving future appointments. This is used as a reminder that the appointments reserved for you are important and prevent other people from being seen.

**NO-SHOW POLICY:** A 'no-show' is an appointment that was not cancelled in advance (minimum of 24 hours in advance). No-shows inconvenience other patients who need dental care. A 'no-show' for a scheduled appointment will result in a fee of \$25. If there are two no-show appointments, you will be required to pre-pay 50% of your treatment cost before reserving future appointments.

**LATE ARRIVALS:** In an effort to serve our patients in a timely manner, we ask that you are on time for your scheduled appointment. In the event you are running late, please call our office at your earliest convenience. If you are more than 10 minutes late to your scheduled appointment, you may be asked to reschedule.

**ACKNOWLEDGEMENT:** My signature below indicates that I have read, understand, and agree to the appointment policy above.

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Signature

02/01/2019

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Date