

Patient Acknowledgement

Appointment Cancellation Policy

To Whom it concerns,

Ryan Davis DMD MS have instituted an Appointment Cancellation Policy. A cancellation made with less than 24 hour notice significantly limits our ability to make a appointment available for another patient in need.

To be able to provide care in an efficient and timely manner, we have Instituted the following policy:

1. Please provide our office with 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 with the answering machine to avoid a cancellation fee being charged.
2. A "No-Call, No Show" or missed appointment, without proper 24-Hour notification, may be assessed a \$50 fee.
3. This fee is not billable to your insurance.
4. 4. If you are 15 or more minutes late for your appointment, the appointment may be cancelled and rescheduled.
5. As a courtesy, we make a reminder call for appointments up to two 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 termination of the Doctor/patient relationship.

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

Signature of Patient

Date