



**UNITED IMPLANT
DENTISTRY, PC**

Cancellation and No-Show Policy

Thank you for choosing United Implant Dentistry for all of your Dental needs. We pride ourselves in providing extra time for the personal attention each patient deserves. We respect your time and 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 reschedule with adequate notice, or who fail to keep their scheduled appointments.

How to Cancel Your Appointment?

To cancel an appointment, please call 608-356-3790 to speak with an office representative. If you do not reach an office representative, you may leave a detailed message on the office voicemail. You may not cancel a scheduled appointment via email.

Cancellation Policy: Patient that does not give 24 hours notice to cancel an appointment will be charged our standard office fee of \$ 50 per half hour. Some circumstance will be taken into consideration; this decision will be made at our discretion. All sedation APPOINTMENTS REQUIRE A MINIMUM OF 48 HOURS of notice for rescheduling / cancelling. Failure to do so, you will be charged entire fee for sedation as well as \$ 50 per half hour.

No Show Policy

No show patients will be charged a standard office fee of \$ 50 PER HALF HOUR for each missed appointment and will be dismissed from the practice if is continue. a no-show appointment is considered when a patient does not call to reschedule / cancel their appointments, not come in. Insurance will not cover any fee incurred due to missed appointment. Last **minute/late cancellations are considered 'no show' appointments.**

Records Transfer Fee

There will be a standard office fee \$ 10 per patient, charged for you to transfer care out of our office, to another dentist or specialist, if United implant Dentistry refers you to another specialty office, there will be no charge. We sincerely regret having to enforce this policy, but we have patients that need those appointment times and we are not able to fill those openings if we do not have enough notice.

By signing below, I certify that I have read and understand the terms and conditions of Downtown Family Dental of Baraboo's appointment cancellation policy:

X_____

Patient Signature Date