



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 on providing the extra time and personal attention that every patient deserves. We respect your time and make every effort to keep your wait to a minimum. As a result, your appointment time in this office is reserved exclusively for you.

We want to remind you that we reserve the right to charge a fee to patients who fail to keep their appointments or reschedule with adequate notice.

How to Cancel Your Appointment?

To cancel an appointment, please call 315.698.8888 and 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: Patients that do not give 24 hours' notice before an appointment will be charged our standard office fee of \$50 per half hour. Some circumstances will be taken into consideration; this decision will be made at our discretion. All sedation appointments require a MINIMUM OF 48 HOURS' NOTICE for rescheduling/canceling. Failure to do so will result in a charge for the entire 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 this continues. We consider an appointment to be a "no-show" when a patient does not call to reschedule or cancel their appointment and does not come in. Additionally, insurance does not cover any fees incurred due to a missed appointment. **Any last-minute or late cancellations are considered "no-show" appointments.**

Records Transfer Fee

There will be a standard office fee of \$10 per patient to transfer care from 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 are reliant on those appointment times and we are not able to fill those openings without enough notice.

By signing below, I certify that I have read and understand the terms and conditions of United Implant Dentistry's appointment cancellation policy:

X _____

Patient Signature Date