

## Appointment Agreement

I understand that as a patient in this office I agree to pay \$40 for any appointments I fail or break (your dental plan may have a lesser fee which will apply to you).

I understand that a failed appointment is one in which I do not show up for, or one that I show so late for that the doctor is unable to treat me due to insufficient time remaining in my scheduled appointment.

I understand that a broken appointment is one in which I do not provide at least 24 hours of notice of cancellation prior to the actual appointment time.

I further understand that the office is very strict on this and cancellation with anything less than 24 hours notice will result in a broken appointment fee regardless of my reason or excuse for breaking the appointment.

I also understand that this policy applies per person/per appointment, so multiple family members booked together will each be charged for failing or breaking their individual appointments, and that ultimately it is 100% my responsibility to remember the appointments made, and it is not the office's responsibility to remind me of those appointments.

I further understand that I am required to, and agree to, pay my copayment for all services the day they are rendered, and that failure to bring sufficient funds to the appointment to pay for those services can result in no treatment being rendered, and that the appointment will be considered broken and that I will be charged the above fee for breaking that appointment.

I have read the above appointment agreement and I understand and agree to its terms and conditions.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_