

JAMES S. TRICHAK DENTISTRY
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APPOINTMENT POLICY

WE REQUIRE A MINIMUM OF **24 HOURS** NOTICE TO CANCEL OR RESCHEDULE AN APPOINTMENT FOR ANY REASON. FAILURE TO PROVIDE THIS 24 HOURS NOTICE WILL RESULT IN A \$50 CHARGE. FORGOTTEN APPOINTMENTS OR FAILURE TO KEEP AN APPOINTMENT WILL RESULT IN THE SAME \$50 CHARGE.

YOUR INSURANCE COMPANY WILL NOT COVER THIS CHARGE. IT MUST BE PAID BY THE RESPONSIBLE PARTY PRIOR TO RESCHEDULING OR MAKING ANOTHER APPOINTMENT.

FAILING AN APPOINTMENT OR CANCELING WITHOUT THE REQUIRED 24 HOUR NOTICE FOR A THIRD TIME MAY RESULT IN DISMISSAL FROM OUR PRACTICE.

OUR APPOINTMENT POLICY IS NECESSARY TO PROVIDE AVAILABLE APPOINTMENTS FOR *ALL* OUR PATIENTS IN NEED AND TO REDUCE STRESS AND CONTAIN PATIENT FEES. APPOINTMENTS ARE NEVER MADE WITHOUT PATIENT OR GUARDIAN CONSENT.

I HAVE READ THIS POLICY AND UNDERSTAND THIS POLICY.

PRINT NAME

SIGNATURE

DATE