



Dr. Rex A. Whiteman, DDS
218 Ave E
Apalachicola, FL 32320
(850)653-9653

CANCELLATION/BROKEN APPOINTMENT/NO SHOW POLICY

Patient _____ Date of Birth _____

We thank you for choosing our office to provide your dental care. It is our goal to provide quality dental care to our patients in a timely manner. In order to effectively accomplish this, we have to adhere to an appointment schedule. We understand that situations may arise that may prevent you from coming into our office during your scheduled appointment. In accordance with our office policy, we require that you notify us at least 24 hours in advance to reschedule or cancel your appointment during regular business hours. This allows us to manage our appointments more efficiently and serve other patients that may need to be seen.

We charge a nominal fee of \$50 per hour scheduled if a patient does not provide 24 hours notice during regular business hours or fails to show up/or is late for the appointment. We will make an effort to contact you to remind you of your missed appointment to reschedule and discuss with you the broken appointment fee that will be annotated on your account and payable at your next appointment. Patients that have three or more occurrences of broken appointments without 24 hours notice will be dismissed from our care.

All patients

- 1) You must call the office directly at (850)653-9653 and speak with one of our scheduling team members to cancel or reschedule your appointment. This allows another patient to be seen in that appointment allocation.
- 2) If you are going to be late for the appointment, you must contact the office at (850)653-9653 and speak with a scheduling team member. Your appointment will be rescheduled if you are going to be late more than 10 minutes and a broken appointment fee will be applied to your account. If you are seen late, you will have to be worked back into the schedule after all other patients already scheduled have been seen.
- 3) Our office provides appointment reminders via telephone call, appointment cards and text. Therefore, it is highly unlikely that you will not have received your reminder and our cancellation policy will remain in effect.
- 4) First "No Show" or late appointment you will be notified of your missed appointment and requested to reschedule the appointment. A broken appointment fee of \$50 will apply and you will have to pay the broken appointment fee and your appointment in full before the appointment will be rescheduled.
- 5) Second "No Show" or late appointment you will be notified also and a broken appointment fee will apply.
- 6) Third "No Show" or late appointment you will be dismissed from the practice and a broken appointment fee of \$50 will apply.

I have read and understand the appointment cancellation policy and agree to be bound by its terms.

Patient signature _____ Date _____