



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Office Appointment Policy

At DeAtley Dental Care, we strive to provide the best care and service to all of our patients. To ensure the smooth operation of our scheduling system and to respect the time of both patients and staff, we have implemented the following policies regarding appointments, no-shows, and account balances:

### 1. No-Show Policy

- If you miss an appointment without prior notice (a "no-show"), a **\$25 no-show fee** will be charged to your account. This fee must be paid in full before you can be rescheduled for another appointment.
- If you have **three no-shows** in a 12-month period, we will no longer be able to continue providing care, and you will need to find a new provider.
- We kindly ask that if you need to cancel or reschedule an appointment, you do so **at least 24 hours in advance** to avoid the no-show fee and to allow other patients the opportunity to be seen.

### 2. Appointment Deposits for High-Value or Long Appointments

- For appointments **valued at \$500 or more** or those **lasting 70 minutes or longer**, a **25% deposit** of your expected copay is required **one week prior** to your scheduled appointment.
- If the deposit is not received, the appointment may be canceled, and you will be required to reschedule.
- The deposit is applied to your balance for the appointment but is non-refundable if you miss the appointment without providing the required notice.

### 3. Account Balances

- In an effort to keep costs down for all patients, we cannot continue to schedule appointments if there is an **overdue balance** on your account.
- All balances must be paid in full before any future appointments can be scheduled, unless prior payment arrangements have been made.
- If you have an outstanding balance, our office will notify you to arrange for payment before any further appointments are booked.

### 4. Payment Arrangements

- If you are unable to pay your balance in full, we encourage you to contact our office to discuss possible **payment arrangements** before scheduling any additional appointments.
- If payment arrangements are not made, the office reserves the right to limit scheduling privileges.

We understand that circumstances can change unexpectedly. If you are unable to meet these policies due to an emergency or unforeseen situation, please reach out to us as soon as possible. Our goal is to work with you to ensure that you receive the care you need while maintaining fairness and consistency for all of our patients.

Thank you for your understanding and cooperation!

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Patient Name

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Date