

**APPOINTMENT CANCELLATION POLICY FOR THE OFFICE OF
JOHN A MADDOX, DMD**

We strive to render excellent dental care to you, your family and the rest of our patients. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is late cancelled or missed, that time cannot to be used to treat another patient.

Our policy is as follows:

We ask that you give our office **24 hours** notice in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of **\$40.00** will be charged to you; if you have insurance, your policy will not cover this expense and will be your direct responsibility.

Additionally, if a patient is more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the **\$40.00** cancellation fee will be charged.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

We thank you for your patronage.

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

I, _____ (print name), have received a copy of Dr. John Maddox's Appointment Cancellation Policy.

Signature of Patient

Date