



Pinnacle
Dental

CANCELLATION AND MISSED APPOINTMENT POLICY (Effective 7/1/2023)

Pinnacle Dental values each and every patient, always striving to ensure that our office provides high quality dental services at an affordable price. One way we do this is through efficient scheduling. When appointments are missed or canceled at the last minute, other patients cannot be seen during that time. This, in turn, drives up our total cost of providing dental services. In order to maintain our affordable pricing, we are asking for your help and cooperation in a new cancellation policy.

We ask you, our patient, to give us a **minimum of 48 hours advanced notice to cancel or change an appointment**. Please note, all Monday appointments need to be changed by **1pm on Friday**, or cancellation fees will apply.

A missed appointment is defined as:

1. The patient did not show up for their appointment or call to cancel it.
2. The patient canceled the appointment within less than 48 hours, not providing enough time for us to fill the schedule.

Our policy on missed appointments is as follows:

1. First missed appointment - no cancellation fees will be applied.
2. Second missed appointment - **\$50 cancellation fee** will be applied.
3. Two or more missed appointments in a 12 month period will require prepayment for all future appointments. Cancellation fees apply.
4. **We reserve the right to cancel any appointment that is unconfirmed within 48 hrs. Cancellation fees will apply.**
5. New patients may not be scheduled back if initial appointment is missed.

Late Arrival Policy:

1. A grace period of 15 minutes will be permitted. If a patient arrives more than 15 minutes late for their appointment, they will be given the option of being seen that day for an exam only or rescheduling for a later date.
2. Multiple late appointment arrivals can result in a fee.

The cancellation and missed appointment fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. Please note such fees will not be covered by your insurance.

Our office reserves the right to modify this policy. We thank you for your cooperation with this matter. We look forward to continuing to provide you with the highest quality care you deserve. If you have any questions regarding this policy, please let us know.

Name_____ Sign_____ Date_____