



Johnston Family Dentistry

606 Buffalo Road

Smithfield, NC 27577

P:(919)989-8805 F:(919)989-8860

Cancellation Policy

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have a 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 missed, that time cannot be used to treat another patient. If appointment is not confirmed the day before within normal business hours appointment will be canceled. [Redacted]

(Patients Initials)

Our policy is as follows:

We require 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 \$75.00 will be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled nor can records be transferred with out the payment of this fee. [Redacted]

(Patients Initials)

Additionally, if a patient is more than 15 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the \$75.00 cancellation fee will be charged. [Redacted]

(Patient Initials)

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, [Redacted] (print name), have received a copy of Johnston Family Dentistry Appointment Cancellation Policy.

Signature

Date