

Appointment Policy

Appointment Delays

We strive to see all patients on time for their scheduled appointment. We make every effort to stay on schedule. There are times when our schedule is delayed in order to accommodate an emergency. Please accept our apology in advance should this occur during your appointment. We will provide the same courtesy if you are in need of emergency treatment.

Late Arrivals

If you arrive more than 10 minutes late for your appointment, you may be asked to reschedule for the next available appointment time. Please call at least 24 hours in advance if a cancellation is unavoidable.

Broken/Missed appointments

Your appointment is a time especially reserved for you. When you cancel or reschedule or miss your appointment without 24 advance notice, it creates difficulty for our staff and for the other patients who would have been happy to have had that appointment time. If you cancel without 24 hour notice (by 11am Wednesday for Friday appointment and by 11 am Friday for Monday appointments) or miss your appointment, we reserve the right to charge for those appointments. \$50 charge for appointments that are scheduled for one-hour duration or less and \$75 charge for appointments that are scheduled in excess of one hour time. Specialist appointment requires 48 hours notice and fees will be charged as \$75. We require 1 week notice if appointment is scheduled for more than 2 hours.

Chronic abusers of scheduled appointments will be required to pay deposit before scheduling next appointment or will be dismissed from the practice.

We understand that emergencies arise unexpectedly, and we will carefully assess each instance before applying any broken appointment fees.

Reminder calls

As a courtesy, we try to call two days before appointment time to remind you about appointment scheduled far in advance. However, it is your responsibility to remember your scheduled appointment and inform us of change in phone numbers.

I, the undersigned, have read and understand the appointment policy. I agree to pay any fees that are charged, should I fail to keep an appointment.

Signature of patient/guardian

Date