



COSMETIC ♦ IMPLANT ♦ FAMILY DENTISTRY

Missed Appointment Policy.

All policies at Clemson Dental, PA are made to reflect our commitment to provide all of our patients' excellent dental care. The strain for dentists to provide excellent health care for reasonable fees has increased in recent years as the cost of materials and equipment has gone up at the same time. Insurance companies are refusing to change the way they reimburse patients. This strain has made "missed" appointments very costly. To compensate for this problem dentists have done what most physicians must do, and that is to double book their patients so there is always someone in the waiting room. As you know, this leads to long wait times for patients and is a real insult to the importance of your time.

We wish to respect your time, so we attempt to appoint one person at a time. This will give us the opportunity to give you personal and individual attention. However, this means that if you do not show up for your appointment and we are left with nothing to do at the time when we could have been treating one of the many patients who wished to have your time slot. To keep missed appointments under control, we have instituted the following policy:

- 1) It is your responsibility to remember your appointment. We send texts and email reminders, as well as confirmation phone calls. Even in the absence of these courtesies, you are responsible for keeping your appointment.
- 2) **If you cannot keep your appointment, we ask that you provide us with 48 hours' notice.**
- 3) If adequate notice is not received or if you do not show up for your appointment, this will be recorded as a broken appointment in your record. You will then be charged **\$50 per hour** of scheduled appointment time.
- 4) If three appointments are broken within two years, we will continue to see on an emergency basis only and will recommend that you seek another dentist who will better suit your scheduling needs. We will be happy to forward your records to the dentist of your choice.

I authorize contact from this office to confirm appointments, treatment, and billing information: **Cell Text Email**

I authorize contact from this office for information about my health to be conveyed via: **Cell Text Email**

Signature: _____ **Date:** _____