



Advanced Cosmetic and Implant Dentistry of Maryland.

Cancellation POLICY – Please read carefully

It is our pleasure to serve you here at Advanced Cosmetic and Implant Dentistry of Maryland. We understand for the great percentage of patients this form is not really relevant as they keep their appointments. However, chronic no shows and last minute cancellations have forced us to either raise our rates or implement a strict cancellation policy. In order that we might not raise our rates and thus penalize the majority of reliable patients we have chosen to implement a strict cancellation policy.

- The initial (or first) appointment scheduled requires a REFUNDABLE \$40 deposit to reserve the time.
- All appointments for doctor treatment (fillings, crowns, etc) may require a refundable deposit of \$100 or more depending on the nature and length of the appointment.
- Appointments for future cleanings generally do not require a deposit unless there is a pattern of last minute cancellations or no shows.

If you arrive at your appointment as planned the deposit will be credited to your account (if you have a balance). This can also be refunded if requested (if you do not have a balance). If you need to cancel or switch your appointment time we require 48 hours “working day” notice.

All patients who do not show, show up later than 10 minutes after their assigned appointment, or cancel outside of our required 48 hour notice will forfeit their deposit and/or will be charged a \$80 cancellation fee (\$80 total fee).

Please note this policy is unique because it includes *any reason* for the absence: work meeting, out sick, kids sick, Ravens game, sunny outside (we have heard some creative ones!). Because our previous policies were continually taken advantage of we have had to enforce this consistently.

In actuality this is less than the cost of reserving the time when considering salaries and overhead. As a reminder, we are doing this so we don't have to raise rates on the rest of our patients. Also, we hope to avoid the awkward and sometimes adversarial decision of whether a patient's reason for canceling is legitimate or not.

I understand the cancellation policy at Advanced Cosmetic and Implant Dentistry of Maryland and agree to the terms.

Name of patient _____

Signature of patient/guardian _____ Dated _____