

## **Appointment Cancellation Policy**

At The Art of Dental Wellness, our goal is to provide quality treatment and care in a timely manner to all our patients. We schedule our appointments so that each patient receives the right amount of time to be seen by Dr. Hill and staff. We want you to have the best experience while you are here in our office. To ensure exceptional patient experience, here are our policies we have put in place.

### **Consult & Treat Scheduling Fee**

We will now require a credit card to book all new patient appointments.  
**\$50** scheduling fee is charged at time of booking.

### **Updated Cancellation Fee Policy**

#### **Hygiene Appointments**

Patients who fail to show for their scheduled appointment or did not notify the office within **2 business days** of their scheduled appointment time shall be subject to a “No Show/Cancellation” fee. In the event of an actual emergency and prior notice could not be given, consideration will be given, and a one-time exception may be granted.

New Patients | **\$75** cancellation fee is required to get back on the schedule for all hygiene appointments.

Existing Patients | **\$150** cancellation fee is required to get back on the schedule for all hygiene appointments.

#### **General Dentistry Appointments**

Patients who fail to show for their scheduled office procedure appointment or did not notify the office within **2 business days** of their scheduled appointment time, shall be subject to a “No Show/Cancellation” fee.

**\$300** cancellation fee is required to get back on the schedule for all general dentistry appointments booked with Dr. Hill.

#### **Cosmetic Dentistry Appointments**

Patients who fail to show for their scheduled cosmetic dentistry appointment, did not notify the office within **2 business days** or cancel less than 14 days of their scheduled appointment time, shall be subject to a “No Show/Cancellation” fee.

These “No Show/Cancellation” fees are not covered by insurance and are therefore the sole responsibility of the patient.

**\$1,500** cancellation fee is required to get back on the schedule for all cosmetic dentistry appointments booked with Dr. Hill.

**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, \_\_\_\_\_ (print name), have received a copy of Seaport Dental Associates Appointment Cancellation Policy.

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**Signature of patient**

**Date**