

Lifetime Dental of the Woodlands

CANCELLATION POLICY

We pride ourselves in providing extra time for the personal attention each patient deserves. We respect your time and make every effort to keep you from waiting. As a result, your appointment time in the office is reserved exclusively for you. We reserve the right to charge patients who do not reschedule with adequate notice or who fail to keep their scheduled appointments.

HOW TO CANCEL YOUR APPOINTMENT

To be respectful of the needs of all Lifetime Dental of the Woodlands patients, if it is necessary to cancel your reserved appointment we require that you contact our office by 10:00 AM one (1) working day in advance. Appointments are in high demand and your early cancellation will give another person the possibility to access timely dental care.

To cancel an appointment, please call 281-363-0500 to speak with a team member. If you do not reach a team member, you may leave a detailed message on the office voicemail; send a detailed e-mail or send a text reply to 281-363-0500 if it is within the 24-hour time frame. If this policy is not followed you will be placed as 'no show' status. Please read below for the 'no-show' policy.

NO SHOW POLICY

A 'no-show' appointment occurs when a patient misses an appointment without canceling by 10:00 AM one (1) working day in advance. No shows inconvenience patients who need access to dental care in a timely manner. Last minute/late cancellations are considered 'no-show' appointments (in the absence of TRUE emergencies). Failure to be present at the time of a reserved appointment will be recorded in your patient chart as a 'no-show'. The first 'no-show' will result in a \$25 fee being applied to your account. If there is a second 'no-show' a \$50 fee will be applied to your account; PLUS; a deposit of 50% of the cost of treatment will be required to reserve future appointments. A third 'no-show' will result in your status being changed to same day appointments ONLY.

Exceptions to this policy must be approved by the Dr.'s or Practice Manager of Operations

By signing below, I certify that I have read and understand the terms and conditions of Lifetime Dental of the Woodlands appointment cancellation policy.

Patient Name

Date