

NO SHOW POLICY

Patients that fail to keep their scheduled appointments create problems for both the office *and* other patients. We are able to schedule patients more promptly, in their desired time slots, if we know in advance that a patient is unable to keep an appointment.

We make every effort possible to remind patients of their scheduled appointments, with mailed postcards *and* phone calls, prior to the appointment dates.

Unfortunately, some patients do not value our time or the time of our other patients. Due to the repeated and consistent disregard for that time, we have adopted the following policy regarding “No Shows.”

1. A “No Show” is defined as any scheduled appointment that a patient fails to keep without giving us at least 24 hours notice.
2. We charge \$25.00 for each “No Show.” This charge is not billable to dental insurance and must be paid by the patient.
3. If this charge is not paid by the patient within 30 days or if a patient repeatedly continues to “No Show”, we may dismiss the patient from our practice.

We regret that we have been forced to adopt this policy and we ask for your cooperation and understanding. We do hope that the adoption of this policy will enable us to better serve our patients in a timely manner that is convenient for all of us. Thank You.

By signing below, I verify that I have read the above policy. I accept my responsibility as a patient of Dr. Graham E. Farless and I understand what consequences may follow if this policy is not adhered to.

Signature of patient_____

Signature of parent(if patient is a minor)_____

Witness(Dr. Farless' staff)_____

Date_____

