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## CANCELLATION POLICY FOR DENTAL APPOINTMENTS

Our goal at Eagle Harbor Dental is to provide quality dental care in a timely manner. We respect our patients' time and do not double book our schedule with our providers. Our team greatly relies on our patients to keep their scheduled appointments. We do understand that illness, emergencies, flat tires, sick kids, and bad weather do occur. However, we ask our patients to give us at least 48-hours notice, whenever possible, if they cannot keep an appointment. This allows us time to fill our schedule with other patients who may be waiting. We appreciate your understanding and cooperation regarding our Cancellation and Failed Appointment Policy as described below:

- Cancellation or rescheduling of an appointment with 48-hours notice or more will never result in a charge.
- A *Failed Appointment* is an appointment that is cancelled/rescheduled without 48-hours notice or an appointment where a patient does not show up.
- We do allow for one Failed Appointment as a courtesy.
- Any additional Failed Appointments will be charged a fee of \$40 per hour for time reserved with your hygiene provider and/or \$75 per hour for time reserved with your dental provider.
- After one Failed Appointment we may also require a deposit of up to 100% of the appointment value in order to schedule a future appointment. This deposit will be applied to your appointment.
- After three Failed Appointments, there is a high probability you will be dismissed from the practice.
- Fees cannot be paid by insurance benefits and must be paid in full by the patient.

**\*\* We do not accept cancellations by text message or email. \*\***

***Please call our office/leave a voicemail in the event you need to reschedule your appointment.***

## NOTICE OF PRIVACY PRACTICES

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This notice takes effect immediately and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we make significant change in our privacy practices, we will change this Notice available upon request. **You may request a copy of our notice at any time.**

### Acknowledgement of Receipt

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian Name