

Cancellation/Missed Appointment Policy

Our goal at Highlands Dental is to provide quality dental care in a timely manner. In order to do so, we have implemented an appointment/cancellation policy. This policy enables us to better utilize appointments for our patients in need of dental care.

Cancellation of an Appointment:

In order to be respectful of the needs of our patients, please be courteous and call Highlands Dental if you are unable to attend your appointment. This time will be reallocated to someone who is in need of treatment that day. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the opportunity to have access to timely care.

How to Cancel Your Appointment:

To cancel appointments, please call Highlands Dental at (303)220-1122 at least 24 hours prior to your scheduled appointment. If you do not reach staff, you may leave a detailed message on the voice mail. If you would like to reschedule your appointment, please be sure to leave us your phone number and we will return your call as soon as possible. Late cancellations will be considered a “no-show”.

No-show Policy:

A “no-show” is either arriving more than 15 minutes late for a scheduled appointment or a missed appointment without 24 hours notice. “No-shows” inconvenience other patients who may need access to care in timely manner. **A failure to present at the time of a scheduled appointment without adequate notice will be recorded in the patient's chart as a “no-show” and a \$75.00 per hour appointment time missed will be assessed and must be paid prior to your next appointment.** Any further “no-show” appointments may result in the termination of the patient from the practice.

We may provide a courtesy appointment reminder, however, you are responsible for keeping the appointments that you make. How do you wish we contact you for appointment reminders?

- Text _____ phone number
- Phone Call _____ phone number
- Email _____ email address

I have read the above policy completely. I agree to all of the terms and understand that if I violate this policy, it may result in the termination of my doctor/patient relationship.

Patient Signature

Date