



Silver Smiles

Dr. Caytlyn Foy Bonura

Cancellation and “No Show” Policy

At Silver Smiles PC, we strive to provide patients with quality care in a timely fashion. An appointment is the time we have reserved specifically for you. When an appointment is missed, or cancelled last minute, it is difficult to fill these times and thus makes us less efficient. The purpose of this policy is to allow our office enough time to fill our schedule and notify patients who are waiting for available openings.

We understand that situations arise in which you must cancel. It is therefore requested that if you must cancel your appointment, you provide at least 24 hour’s notice.

For this policy, a “no show” will be defined as any appointment not kept or not cancelled **at least 24 hours in advance**. If you are more than 15 minutes late, you will be considered a “no show” unless the dentist or hygienist agrees to see you. If you fail to notify the office no less than 24 hours in advance of a cancellation, you will be charged a **\$40.00** fee for the missed office visit.

The above fee is the sole responsibility of the patient and must be paid in full prior to scheduling any further appointments.

Our practice utilizes a computerized program that sends text messages and e-mails to remind you of any upcoming appointments. Any patients who do not confirm via e-mail or text message also receive phone calls directly from the office at least 1 day prior to their appointment. This allows ample time and opportunity to appropriately cancel any appointment you are unable to make.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived, but only with management approval.

Patients with two (2) “no shows” per calendar year, without extenuating circumstances, may be dismissed from the practice.

Our practice firmly believes that good dentist/patient relationship is based upon understanding and good communication. If you have any questions about cancellation and no show fees, so not hesitate to talk to Dr. Bonura or any of the Front Office staff.

Patient Name (Please Print) _____ Date _____

Patient/Guardian signature _____