Cancelled and Failed Appointment Policy

Dr Chang is committed to providing his patients with quality dental care. We realize the importance of your time and will do everything possible to not keep you waiting. We ask that you respect our time as well and arrive on time for your scheduled appointments. Your appointment time is reserved for you and only you. We do not double book or overbook appointments.

Due to a number of patients who schedule appointments and do not show, we are left with little choice, but have instituted a **Failed Appointment Fee of $50 dollars**. Insurance will not cover this fee. This Fee must be paid prior to your next scheduled appointment.

We understand that situations do arise in which you must change an appointment. Proper notice for cancelled appointments must be given to our office in order to serve all patients. When given proper notice, we are able to contact patients who are trying to get an Appointment in our office.

Appointment reminder calls are only a **courtesy. It is your responsibility to write down and keep track of your scheduled appointments**. If for some reason our office is not able to confirm your appointment and you do not show for a scheduled appointment you will be assessed a Failed Appointment Fee.

We must receive cancellation no less than 48 hours prior to your schedule appointment. Messages left on our answering machine after hours, canceling an appointment for the following day, or over the weekend (FRI, SAT, SUN) **are not acceptable**.

Please note that Dr.Chang and his team members are in the Office:

Monday	**8 a.m. to 3 p.m.**
Tuesday	**8 a.m. to 6 p.m.**
Wednesday	**12 p.m.to 7 p.m.**
Thursday	**8 a.m. to 6 p.m.**
Friday	**8 a.m. to 3 p.m.**
Saturday	**8 a.m. to 2 p.m.**

****Closed for lunch 12:00pm-1:00pm ****
**** Sunday Closed****
**** Alternate Mondays and Fridays off****
**** One Saturday a Month****

I (parent or guardian), _____have read the **Cancellation And Failed Appointment Policy**. I understand that I will be charged a $50 fee for any failed appointment in which 24 hours notice is not given.

_____DATE_____

Patient's signature (parent or guardian)

_____

Print name