

POLISH

DENTAL CENTER

4640 Valais Court Suite 102
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Cancellation Policy

Dear Patients:

We strongly feel that our patients deserve the best possible care that we can provide. In an effort to maintain this high quality of care, and to maintain a good relationship, we would like to inform you of our appointment cancelation policy:

- All cancellations must be made with at least **48 hours of advance notice** from your reserved appointment time, or you will be charged a broken appointment fee of **\$75.00 per hour of scheduled time**.
 - *For example, if a 2 hour scheduled appointment is canceled on the day of the appointment a \$150.00 fee would be charged.*
- If you are more than **15 minutes late** for your reserved time, you will have to reschedule your appointment or wait until there is an opening in our schedule, to avoid causing the next patient to wait.
- We ask that a credit card be held on file to reserve your future appointments. The broken appointment fee will be applied to the card on file if you chose to cancel.
- We reserve the right to not reschedule your appointment if a family misses 3 or more appointments within a 12-month period, without at least 48 hours of advance notice.
- The cancelation fee will be waived for extreme situations as well as those documented with a doctor's note.

I agree to the terms above.

Patient Name: _____

Patient Signature: _____ Date: _____