

# Cancellation & Missed Appointment Policy

Our goal is to improve the lives of those we serve. We accomplish this as we deliver high quality, personalized care to our patients. We treat you as more than just a number, always keeping your best interests in mind. Dental care requires periodic and follow up care to ensure good oral health.

Our dentists only schedule an appointment when it is dentally required for your benefit. Repeated failure to keep appointments prohibits us from delivering care to you and to other patients. As a result, we have established a missed appointment policy that will allow us to meet our goals for you.

**We recognize that emergencies arise that may keep you from making or canceling your appointment in a timely manner, so our policy allows for three (3).**

A "missed appointment" is when a patient fails to keep an appointment or fails to cancel the appointment in a timely manner. If you must cancel your appointment, **we ask that you call twenty-four (24) hours in advance or as soon as possible.** This will keep you from having a missed appointment on record.

**Upon the third missed appointment, the patient will receive a letter notifying them that they are discharged from our practice.**

In order to provide the highest level of care to all patients and ensure appointment availability, Secure Dental has adopted the following policy regarding missed or late appointments.

By signing below, you, the patient or the patient's legal representative, acknowledge and agree to the following:

## **Appointment Cancellations:**

Patients are required to provide at least **24 hours notice** to cancel or reschedule an appointment. Failure to provide sufficient notice, or failure to attend a scheduled appointment without prior cancellation, will be considered a **missed appointment.**

### Missed Appointment and Late Cancellation Fee

A **\$20.00 fee** will be charged for each missed appointment or late cancellation, as defined above. This fee is not covered by insurance and is the sole responsibility of the patient.

### Authorization to Charge

By signing this form, you authorize Secure Dental to charge your credit card on file a fee of **\$20.00** for any missed appointments or cancellations made without the required notice.

### Patient Acknowledgment

You understand and agree that this authorization will remain in effect until you provide written notice of cancellation and all outstanding balances are paid in full.

This fee may not apply to patients with Medicaid or Medicare insurance.

Is the patient part of a facility/program?

No/Yes

We thank you for trusting us with your dental care and assisting us in delivering the best care possible. If you have any questions regarding this policy, please ask and we will be happy to answer them.

By signing below, I acknowledge my understanding of this policy.

Signature \*

Draw ▾

Sign here

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## Credit Card Authorization Consent Form

The undersigned hereby authorizes **Secure Dental**, its staff, and authorized billing representatives to charge my credit card for any applicable fees or balances incurred as part of my dental care. This authorization includes, but is not limited to, the following:

- Missed Appointment / No-Show Fees
- Outstanding Past Balances
- Unpaid Co-Pays, Deductibles, or Co-Insurance

- Charges Not Covered by Insurance.

### Authorization to Maintain Card on File

I understand and agree that Secure Dental may securely store my credit card information in a confidential and compliant payment system.

#### I acknowledge that:

- Secure Dental will make reasonable efforts to notify me prior to charging my card for any balance not paid at the time of service.
- Charges will appear under Secure Dental or its designated payment processor.
- This authorization will remain in effect until I revoke it in writing, and such revocation will not affect any prior charges.
- I may request an itemized receipt for any transaction processed.

Below please provide the card information that you would like Secure Dental to maintain on-file.



Save some time and upload your **Debit/Credit Card** instead.

Let's go →

Card Number \*

Expiration Month \*

Expiration Year \*

CVC \*

I understand the above information and agree with its contents, and this will \* serve as my electronic signature.

Signature \*

Draw ▼

Sign here



## Privacy Policy