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The Road to a Lifetime of Smiles

APPOINTMENT POLICY

- We reserve time in our schedule especially for your child, based on their individual needs. In order to best service our patients and the community who value our care, we require **48 HOURS** notice prior to cancelling an appointment. We fully understand that there are circumstances that may prevent you from keeping your child's appointment. However, given adequate notice, we may be able to contact another family who requires our care during that time.
- When you cancel or reschedule an appointment even with the required 48 hours' notice, you will be given the next available regular appointment time and can then be added to our ASAP list if you would like to try to get in sooner.
- Appointments which are broken without the required **48 HOURS** notice may be subject to a broken appointment fee and MAY be dismissed from the practice at any time. We are also obligated to notify Medicaid of all patients insured with their program who have chosen to break their appointments with our office.
- Appointments cancelled with less than 48 hours' notice on a school holiday, or during an after school time, will not be rescheduled on another school holiday or during an after school appointment time, as these are our most sought after appointment times.
- Patients who break their appointment for a second time will not be rescheduled.
- Patients who arrive more than 10 minutes late for their appointment time will be rescheduled in consideration of other patients.
- Cancellations are not accepted if left on the answering service. You must speak with one of our scheduling coordinators.
- We do our best to respect your reserved appointment times and request that you arrive 5 minutes early for all scheduled appointments and 15 minutes early for a New Patient visit. We do understand that uncontrollable situations arise. If you anticipate being late, please call our office to see if your child's appointment will still be available.
- We greatly appreciate your cooperation in helping us provide you with excellent care for your family and for respecting the time of our practice and all of our families. Please sign below that you have read and acknowledge the above information provided to you. We will provide a copy for your records.

Parent/Guardian _____

Date _____