**Southern Smiles Dental Associates, LLC**

Thank you for being a patient of Southern Smiles. We need to inform you of some of our policies regarding appointments and ask that you sign at the bottom of this form to confirm your understanding.

**Missed Appointments**

We ask that you show consideration by notifying our office at least 24 hours in advance if you are unable to keep your appointment. This will allow us the option of offering that appointment to another patient who needs to see the doctor.

If you do not provide 24-hour notice, you could be subject to a cancellation fee of $50.00 that is not reimbursable by your insurance. This policy affects patients with all insurances, including Medicare, as well as self-pay accounts.

Multiple missed appointments without prior notification will make you subject for dismissal from our practice.

**Cancellations**

While we understand that unexpected occurrences can sometimes cause you to cancel your appointment, and because we also want to be considerate to other patients who need to see the doctor. Repeated cancellations, especially same day notices, can cause lost time on the physician's schedule. Therefore, you may be subject to the cancellation fee of $50.00.

**Late Policy**

As every patient's time with the physician is important, patients who arrive late may be asked to reschedule. If you know that you will be late, we advise you to call the office to confirm the physician's availability, if possible, he may be able to see you later than scheduled. As schedules vary from day to day, the decision to reschedule will be on a case-by-case basis.
For example, if you are going to be 15 minutes late because of a traffic accident on the highway and the doctor has a procedure scheduled with another patient after your original appointment time, your appointment will need to be moved to another time or day.
We value our patient relationships and will do all that we can to accommodate your schedule. If you have any questions about our policies, please feel free to ask a Southern Smiles Representative.

By signing below, I confirm my understanding of these policies and agree to abide by them.

Date _____ Signature _____