**NO SHOW/MISSED APPOINTMENT POLICY**

We, at **Will Jones Dentistry**, understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 48-hour notice). You can cancel appointments by calling the following number: **615-941-3368**

We certainly value your time and hope that our patients value our time as well. To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted one (1) business day prior to your scheduled appointment. However, **it is the responsibility of the patient to arrive for their appointment on time.**

**PLEASE REVIEW THE FOLLOWING POLICY:**

1. Please cancel your appointment with at least a 48 hours’ notice: There is a waiting list to see the providers at **Will Jones Dentistry** and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2. If less than a 48-hour cancellation is given this will be documented as a **“NO SHOW”** appointment.
3. If you do not present to the office for your appointment, this will be documents as a **“NO SHOW”** appointment.
4. After the first NO SHOW/Missed appointment, you will receive a phone call or warning letter that you have broken our **“NO SHOW**” policy. Will Jones Dentistry will assist you in rescheduling this appointment if necessary.
5. If you have 2 **NO SHOW/Missed appointments**, you will receive a warning letter from our office and will be assessed a $25 NO SHOW fee. At this point, you will only be allowed to schedule SAME DAY appointments.
6. If you have 3 **NO SHOW** appointments you will receive a $50 NO SHOW fee assessment. We reserve the right to charge a higher fee if more than 2 hours were reserved for your appointment. Dismissal from the practice will be considered. **\*You will be notified by letter if the dismissal was approved.**

**I have read and understand** Will Jones Dentistry No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Will Jones Dentistry appropriately if I have difficulty keeping my scheduled appointments.

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Patient Name Date of Birth Date

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Patient Signature or Parent/Guardian if minor Relationship to Patient

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Staff Signature Date