

# MICHAEL B. SELIGSON, DDS

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Dear Valued Patient,

Thank you for selecting our office for your regular dental care. We are honored that you have chosen us as your provider.

Our office is committed to doing our very best to accommodate patient scheduling needs and we make every effort to offer appointment availability as efficiently as we can. Last minute cancellations and late patient arrival times affect our productivity, as well as, appointments that we have scheduled for other patients. Our Cancellation Policy was developed to maintain our practice schedule and to allow other patients to utilize the available appointment times.

In an effort to decrease last minute cancellations and no-shows, our practice provides several appointment reminders, via email, text, and phone, up to one month before a scheduled appointment. If you are not receiving these notifications, please let the front desk know. Our office policy requires that patients notify us of cancellations a minimum of 24 hours prior to the scheduled appointment.

## **Cancellation of an Appointment:**

If you are unable to keep your appointment time please call our office promptly so that we can reschedule you and reallocate your appointment time to other patients that need to be seen. If an appointment must be cancelled, our policy requires that patients notify our office a minimum of 24 hours in advance. Late cancellation, or cancellation less than 24 hours from the time of the scheduled appointment, will be subject to a \$50.00 Broken Appointment Fee.

## **Broken Appointment:**

Patient arrival times also greatly affect our ability to maintain scheduled appointment times. Any appointments that are missed without any notification to our office will be subject to a \$50.00 Broken Appointment Fee. Patients must be present at the time of the scheduled appointment. Failure to arrive within 15 minutes after the scheduled appointment time will result in the cancellation of the appointment and will be subject to a \$50.00 Broken Appointment Fee.

**Per our office policy, future appointments will not be scheduled in advance for patients after the third Broken Appointment has been posted to the account.**

Thank you again for your continued support and cooperation.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

(Parent/Guardian if under 18 years of age)

Date: \_\_\_\_\_