

Thomas W and Shirley D Mercer DDS

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Cancellation and No-Show Policies

The following is our policy regarding cancellations and no-shows for patient appointments. We take this subject seriously at our office because it makes a difference in whether you succeed in your treatment or not.

- We **require** a 24 hour notice in the event of a cancellation or rescheduling of an appointment.
- There is a **\$10** charge for every 15 minutes scheduled without proper notice. This charge is not covered by insurance, but will have to be paid by you the patient. This fee is subject to change without notification.
- When you **DO NOT** show up for your appointment, as scheduled, three people are affected:
 1. You, because you do not receive the treatment you need as prescribed by the Doctor or Hygienist.
 2. The Doctor, who now has valuable time available and no one filling the spot that was reserved for you personally.
 3. Another patient who could have been seen if you had given us proper notice.

Thank you for your understanding and cooperation. We look forward to working with you.

I certify that I have read and understand the above information and agree to accept the responsibility outlined.

Patient's or Guardian's Signature

Date

Reviewed by _____

On _____ (Office use only)

