



**Beacon Dental Center**  
**No Show/ Missed Appointment Policy**

A courtesy appointment reminder call to you will be made/attempted at least 1 day prior to your scheduled appointment.

Patient must call to reschedule appointment one (1) business day before the scheduled treatment between regular business hours of 8:00 am to 5:00 pm

**What is a MISSED APPOINTMENT?** A minimum of one (1) business day for cancellation is required for ALL appointments. An appointment is considered a MISSED appointment if the office is not notified of such cancellation at least one (1) business day prior to your scheduled appointment.

**What is a NO SHOW APPOINTMENT?** If you do not cancel one (1) business day prior, and do not present to the office for the appointment, this will be considered a NO SHOW appointment.

**Deposits will be FORFEITED,** If you have placed a deposit for treatment to reserve your appointment and **MISS** or **NO SHOW** your appointment your deposit will be considered forfeited and you may be required to pay again.

**After the first NO SHOW/MISSED APPOINTMENT,** Beacon Dental Center will attempt a telephone call to you offering to reschedule your appointment. At this time, we will inform/remind you of our NO SHOW/MISSED appointment policy again and ask if you would like a copy mailed. A \$25 MISSED APPOINTMENT fee will be waived.

**If you incur TWO NO SHOW/MISSED APPOINTMENTS** in a one year period, Beacon Dental Center will attempt a telephone call to you offering to reschedule your appointment. A \$25 MISSED APPOINTMENT fee will be automatically charged to your account.

**If you incur THREE NO SHOW/MISSED APPOINTMENTS** in a one year period, you will receive a letter from our office and you and your immediate family may face discharge from the practice. A \$25 MISSED APPOINTMENT fee will be automatically charged to your account.

Beacon Dental Center strives to provide service to our patients that are consistent and fair. We understand that situations may arise when you are unable to keep an appointment, but when this happens, and you do not cancel, we are unable to schedule dental care for another patient in need during that time.

**I have read and understand Beacon Dental Center's NO SHOW/MISSED Appointment Policy.**

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient Signature/Guardian

\_\_\_\_\_  
Date