

Cupertino Ortho Care and Dentistry

10353 Torre Avenue, Suite D, Cupertino, CA 95014
Phone: (408) 257-0723 · Fax: (408) 257-0726 · E-mail: cupertinoorthocare@yahoo.com

PRACTICE LIMITED TO ORTHODONTICS AND PEDIATRIC DENTISTRY

APPOINTMENT CANCELLATION OR NO SHOW POLICY

APPOINTMENTS

Office visits are by appointment only. Please **arrive 10 minutes early** for your appointment. Patients who are more than 15 minutes late for their appointment may be asked to reschedule at Dr. Gerges Gaid's discretion.

CANCELLATIONS

If you are unable to keep an appointment, we ask that you cancel at least **48 hours** in advance. If this is not possible, call as soon as you can so that another patient can be given your appointment time.

MISSED APPOINTMENTS (NON-CANCELLED)

We understand that occasional missed appointments can occur for a variety of reasons. When you miss an appointment without canceling, it prevents us from offering that time to another patient. We will make a reminder call 24-48 hours prior to your appointments **AS A COURTESY**, however, it is ultimately your responsibility to remember your child's appointments.

We track missed (non-cancelled) appointments. A "No Show/Late Cancellation" is defined as missing an appointment without canceling at least 48 hours before the scheduled time.

There **WILL** be a charge for a missed or non-cancelled appointment. For first time no-shows, the missed appointment fee may be waived. For future missed appointments, there will be a **\$45.00 fee** applied to your account for hygiene (cleaning) appointments, and for scheduled treatment the charge is **half of the estimated treatment fee**.

Insurance will **NOT** cover charges for no show or late cancellation fees. This charge is in addition to any other charges you may have incurred (co-payments, deductibles, etc). Repeated missed appointments may result in Dr. Gerges Gaid sending a letter discharging your child from the practice. We will offer 30 days of emergency care only and transfer your child's records when you find a new dentist.

PARENT/GUARDIAN SIGNATURE

DATE