

Appointment Policy

At Stauffer Family Dental, we schedule our appointments in a manner that ensures enough time is allotted for each patient to receive the highest quality of care. It is very important for our patients to keep their scheduled appointments, and to arrive on time. To help our patients remember their appointment dates and times, Stauffer Family Dental sends text and email reminders 7 days and 1 day prior to scheduled appointments.

We understand that on occasion, emergencies and other unexpected events may occur that will prevent you from being able to keep your appointment. If this happens and you are unable to keep your appointment, please contact our office **no less than 24 hours** prior to your appointment date and time so that we are able to reschedule you, and accommodate other patients waiting for dental care. You may cancel your appointment by calling or texting our office at 614-882-2249, or by email at contact@staufferfamilydental.com. Stauffer Family Dental may dismiss you as a patient after 3 cancelled appointments with less than 24 hours notice.

Missed Appointments: If you miss an appointment without contacting our office, this will be considered a missed appointment. You will be charged a fee of \$25.00 for each missed appointment. As a courtesy, the fee will be waived for the first missed appointment. This fee cannot be billed to your insurance company and will be your direct responsibility. Stauffer Family Dental may dismiss you as a patient after 3 missed appointments.

Late Arrival: The amount of time set aside for your appointment is required to provide you with the best quality of care. If you are more than 15 minutes late, your appointment may be cancelled in order to meet the needs of the next scheduled patient. If this happens, it will be considered a missed appointment and the missed appointment fee will apply. This fee cannot be billed to your insurance company and will be your direct responsibility.

If you have questions regarding this policy, please let our staff know and we will be happy to help you better understand.

I, _____, **have read and understand Stauffer Family Dental's Appointment Policy and agree to the terms and conditions listed within.**

Patient Signature: _____

Date: _____